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ABSTRACT

The worksheets and tutor tips included in this document were created to tutor the physical plant employees at the State University of New York College at Brockport. They contain general objectives for all workers as well as those related to their jobs in maintenance of the buildings and grounds of the university. The materials list 44 job competencies for physical plant workers. For each competency, learning activities such as fill-in-the blanks word lists, crossword puzzles, samples of forms used on the job, informational material for teachers, worksheets, and tests are provided. Test and worksheet answers are given. (KC)

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ED 377 352

The Promote Yourself Career Development Program

A program funded in part through
the United States Department of Education's
National Workplace Literacy Program.

November, 1994

Worksheets / Tutor Tips

Physical Plant

CE067785

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WORKSHEETS AND TUTOR TIPS

DESIGNED FOR PHYSICAL PLANT COMPETENCIES

The worksheets and tutor tips included herein were created, designed, constructed, and implemented by the college students employed to tutor the Physical Plant employees during the funding cycle of the National Workplace Literacy Grant.

These students were hired during the summer months to create additional sources of job-related skills materials for the purpose of enhancing and reinforcing the skills associated with each competency of the curriculum. Not all competencies needed this additional material and some competencies needed several additional resources.

Thank you to all the college students who were dedicated to the cause of workplace literacy on their campus.

If you need any assistance with the material contained in this booklet, please contact:

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KEY

COMPETENCY A

Physical Plant

Fill in the blanks with the words given to complete the crossword puzzle.

Word List

Dependent
Perjury
Tax-Liability
Certify
Adjustments
Nonwage-income
Estimate
Penalties

Allowances
Withholding
Expenses
IRA
Interest
Entitled
Nonresident-alien
Dividends

Charitable
Year-End-Tax-Bill
Alimony
Itemized
IRS
Exceeds
Exempt-status
Exemptions

DOWN

1. Changes in your gross income due to alimony paid and/or deductible IRA contributions are adjustments to income.
2. A list of deductions from taxable income is called Itemized deductions.
3. Deductible IRA contributions are individual retirement accounts.
4. Money accrued from savings accounts and bonds is called interest.
5. The Year End Tax Bill is money owed to Uncle Sam after all deductions, exemptions, and allowances have been adjusted.
6. Giving false or misleading information Perjury
7. Amounts of money that are allowed or granted by the government Allowance
8. Money taken out of your paycheck withholding
9. Money given to any non profit organization (church, Salvation Army, Volunteer Fire Department) is a charitable deduction.

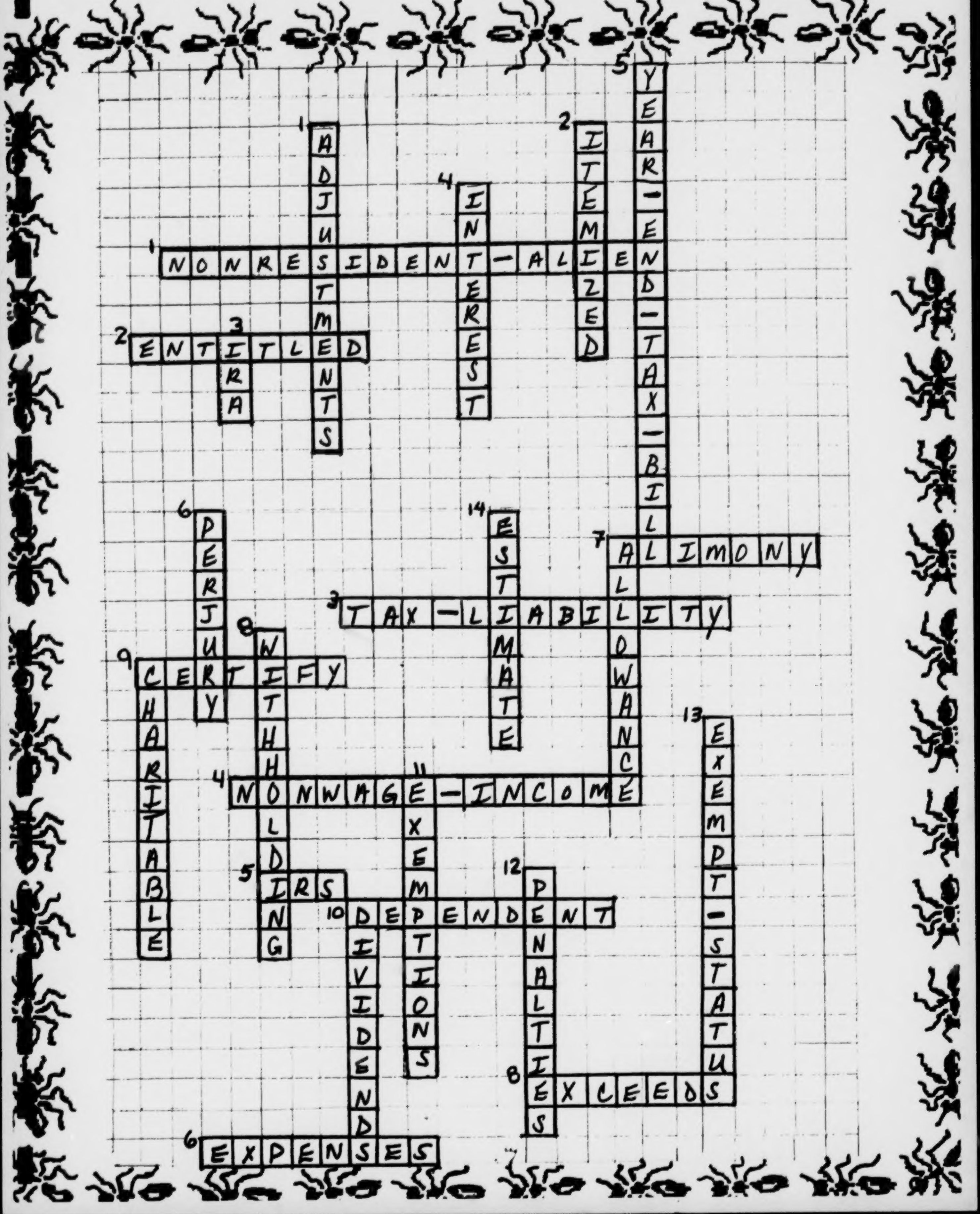
KEY

10. A non-wage income that is accrued through stocks or bonds dividends
11. Amounts of income that are excluded from taxation exemptions
12. Punishment (paying a fine) established by the government penalties
13. Level where one is excused from a tax liability exempt status
14. The act of calculating or judging your worth in money and assets. estimate

ACROSS

1. A foreigner who is not legally a resident of the U.S. nonresident alien
2. Given a right or claim to something entitled
3. Money that you have to pay tax-liability
4. Lotto or OTB, gifts, and inheritance nonwage-income
5. Internal Revenue Service IRS
6. Costs paid by a supporter to take care of a dependent expenses
7. Money paid out to an ex-spouse (husband or wife) alimony
8. To be greater than, going beyond exceeds
9. To acknowledge that something is true, accurate, or genuine certify
10. Someone who requires aid from another for support dependent

KEY


1 ADJUSTMENTS
2 ITEMIZED
5 YEAR-END-TAX-BILL
4 INTEREST
1 NONRESIDENT-ALIEN
2 ENTITLED
3 IRA
6 PERJURY
14 ESTIMATE
7 ALIMONY
7 ALLOWANCE
3 TAX-LIABILITY
8 WITHHOLDING
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11 EXEMPTIONS
12 PENALTIES
5 IRS
10 DEPENDENT
10 DIVIDENDS
8 EXCEEDS
6 EXPENSES
7

COMPETENCY A

PHYSICAL PLANT

Fill in the blanks with the words given to complete the crossword puzzle.

Word List

Dependent
Perjury
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Certify
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Allowances
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DOWN

1. Changes in your gross income due to alimony paid and/or deductible IRA contributions are ________________ to income.
2. A **List** of deductions from taxable income is called ________________ deductions.
3. Deductible ______ contributions are individual retirement accounts.
4. Money accrued from savings accounts and bonds is called __________.
5. The ___________________ is money owed to Uncle Sam after all deductions, exemptions, and allowances have been adjusted.
6. Giving false or misleading information
7. Amounts of money that are allowed or granted by the government
8. Money taken out of your paycheck
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1. A foreigner who is not legally a resident of the U.S.
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5. Internal Revenue Service
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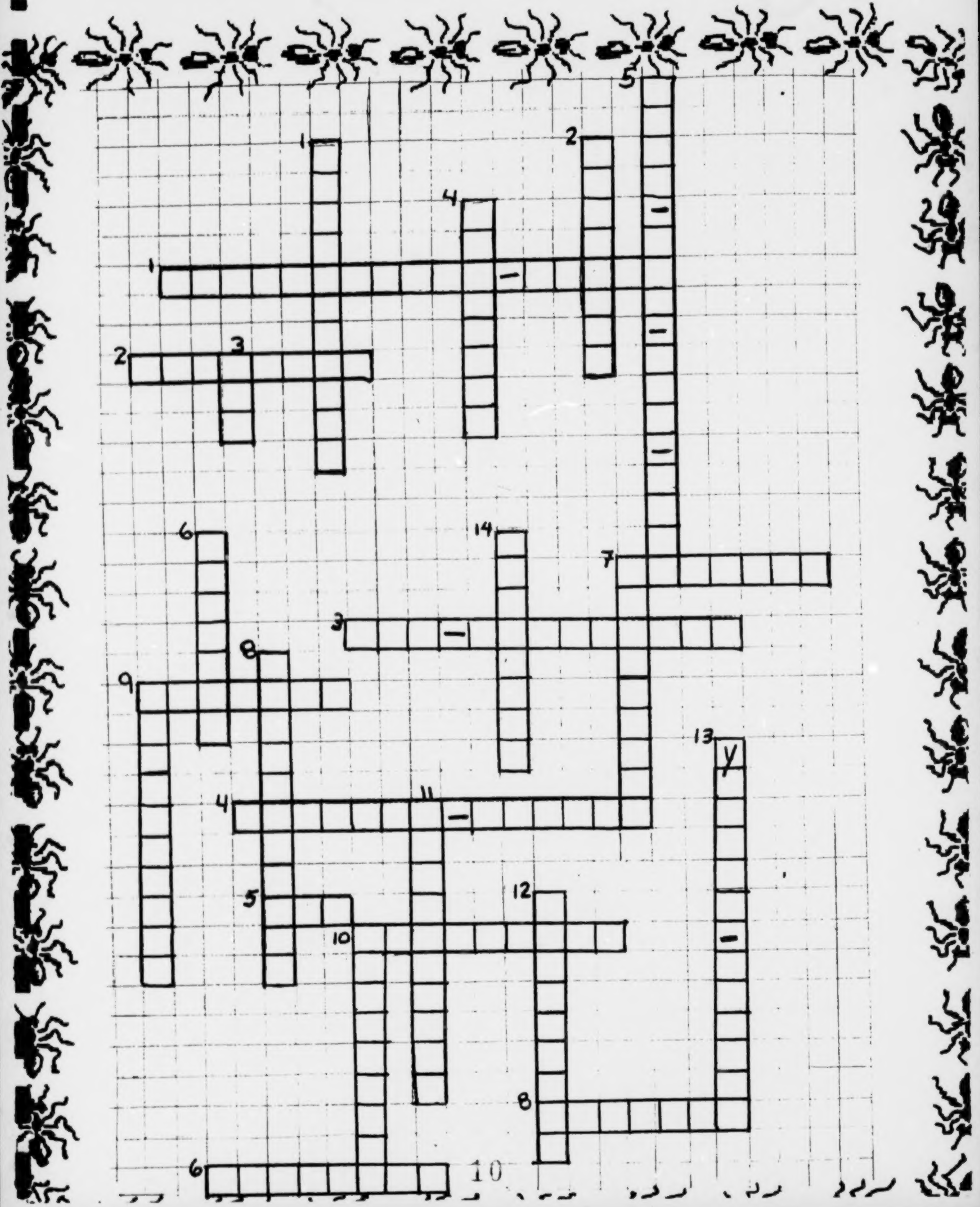
7. Money paid out to an ex-spouse (husband or wife)
8. To be greater than, going beyond
9. To acknowledge that something is true, accurate, or genuine
10. Someone who requires aid from another for support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Form W-4 (1994)

Want More Money In Your Paycheck? If you expect to be able to take the earned income credit for 1994, you can have part of it added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1995.

Note: *You cannot claim exemption from withholding if (1) your income exceeds $600 and includes unearned income (e.g., interest and dividends), and (2) another person can claim you as a dependent on their tax return.*

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919,** Is My Withholding Correct for 1994?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. We recommend you get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed $150,000 (Single) or $200,000 (Married). Call 1-800-829-3676 to order Pub. 919. Check your telephone directory for the IRS assistance number for further help.

Personal Allowances Worksheet

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . A ______

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

. . B ______

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . C ______

D Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return . . . . . D ______

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household** above) . E ______

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ______

G Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return ▶ G ______

For accuracy, do all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

.... **Cut here and give the certificate to your employer. Keep the top portion for your records.** ....

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see reverse.**

OMB No. 1545-0010
1994

1 Type or print your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. *Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.*
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information . . . . ▶ ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . 5 ______

6 Additional amount, if any, you want withheld from each paycheck . . . . 6 $ ______

7 I claim exemption from withholding for 1994 and I certify that I meet **BOTH** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here . . . . ▶ 7 ______

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ **Date** ▶ , 19

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

Cat. No. 10220Q

Deductions and Adjustments Worksheet

Note: *Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1994 tax return.*

1 Enter an estimate of your 1994 itemized deductions. These include: qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1994, you may have to reduce your itemized deductions if your income is over $111,800 ($55,900 if married filing separately). Get Pub. 919 for details.) . . . 1 $ ________

2 Enter: { $6,350 if married filing jointly or qualifying widow(er) / $5,600 if head of household / $3,800 if single / $3,175 if married filing separately } . . . . 2 $ ________

3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter -0- . . . . 3 $ ________

4 Enter an estimate of your 1994 adjustments to income. These include alimony paid and deductible IRA contributions 4 $ ________

5 **Add** lines 3 and 4 and enter the total . . . . 5 $ ________

6 Enter an estimate of your 1994 nonwage income (such as dividends or interest) . . . . 6 $ ________

7 **Subtract** line 6 from line 5. Enter the result, but not less than -0- . . . . 7 $ ________

8 **Divide** the amount on line 7 by $2,500 and enter the result here. Drop any fraction . . . . 8 ________

9 Enter the number from Personal Allowances Worksheet, line G, on page 1 . . . . 9 ________

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1, below. Otherwise, **stop here** and enter this total on Form W-4, line 5, on page 1. . . . . 10 ________

Two-Earner/Two-Job Worksheet

Note: *Use this worksheet only if the instructions for line G on page 1 direct you here.*

1 Enter the number from line G on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 ________

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here . . . . 2 ________

3 If line 1 is **GREATER THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. **DO NOT** use the rest of this worksheet . . . . 3 ________

Note: *If line 1 is* ***LESS THAN*** *line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4–9 to calculate the additional withholding amount necessary to avoid a year-end tax bill.*

4 Enter the number from line 2 of this worksheet . . . . 4 ________

5 Enter the number from line 1 of this worksheet . . . . 5 ________

6 **Subtract** line 5 from line 4 . . . . 6 ________

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . 7 $ ________

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed 8 $ ________

9 Divide line 8 by the number of pay periods remaining in 1994. (For example, divide by 26 if you are paid every other week and you complete this form in December 1993.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . 9 $

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
0 - $3,000	0	39,001 - 50,000	9	0 - $4,000	0
3,001 - 6,000	1	50,001 - 55,000	10	4,001 - 10,000	1
6,001 - 11,000	2	55,001 - 60,000	11	10,001 - 14,000	2
11,001 - 16,000	3	60,001 - 70,000	12	14,001 - 19,000	3
16,001 - 21,000	4	70,001 - 80,000	13	19,001 - 23,000	4
21,001 - 27,000	5	80,001 - 90,000	14	23,001 - 45,000	5
27,001 - 31,000	6	90,001 and over	15	45,001 - 60,000	6
31,001 - 34,000	7			60,001 - 70,000	7
34,001 - 39,000	8			70,001 and over	8

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
0 - $ 50,000	$370	0 - $ 30,000	$370
50,001 - 100,000	690	30,001 - 60,000	690
100,001 - 130,000	760	60,001 - 110,000	760
130,001 - 220,000	880	110,001 - 220,000	880
220,001 and over	970	220,001 and over	970

Privacy Act and Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 10 min., **Preparing the form** 69 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service,** Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224; and the **Office of Management and Budget,** Paperwork Reduction Project (1545-0010), Washington, DC 20503. **DO NOT** send the tax form to either of these offices. Instead, give it to your employer.

✩ U.S. GOVERNMENT PRINTING OFFICE:1993-345-119

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Key

COMPETENCY B

PHYSICAL PLANT

1. Why should you complete a new form IT-2104? List at least three reasons.

① started new job ⑤ more/less income
② no longer a dependent ⑥ no longer qualify for exemption from withholdin
③ circumstances have changed
④ deductions are itemized for the past year.

2. Can you request that no income taxes be withheld from your pay? [✓ yes]/no Why or how?

No NY income tax liability in prior yr. & over 65, under 18, or full-time student (Student liable for taxes of income over $2800.

3. Should the allowances be reduced if you have income more than $1,000 in other than wages? [✓ yes]/no Explain.

for interest, dividends, or alimony received; 1 point for every $1,000.

4. Who can you claim? Can you claim yourself and spouse if married?

dependents such as children, yourself, and spouse can not be claimed.

5. If you have negative allowances and your employer can not accommodate them, what do you do? What choices would you have?

enter 0; ask employer to withhold an additional amount (lines 4, 5, & 6); or file an estimated tax

6. What box should be checked when you used the Head-of-Household filing status on your state income tax return?

Single/Head-of-Household box

COMPETENCY B

PHYSICAL PLANT

This worksheet is like the game Jeopardy! With the words listed below create the questions to the answers that have been provided.

Allowances
Credits
Claiming
Computing
Deductions
Dependent - Care Expenses
Estimate

Full-Time Student
Imposed
Itemizing
Obsolete
Verify
Voucher
Withholding

Answer: When something is no longer in use, extinct or outworn. Example: Using a 1992 IT-2104 to file your 1994 taxes.

Question: what is obsolete?

Answer: In 1986 the State of New York started this automated process to calculate your income tax liability.

Question: What is computing?

Answer: The process of declaring your tax-liability to the Federal government.

Question: What is claiming?

Answer: The process of categorizing your taxable expenses; usually people in the upper tax bracket can benefit from this.

Question: what is itemizing ?

Answer: When a new tax law is implemented it is also said to be this.

Question: what is imposed ?

Answer: Subtractions from a person's gross income.

Question: What are deductions ?

Answer: A form indicating a credit against future purchases for expenditures.

Question: What is a voucher ?

Answer: An amount of tax put on your income that is held back from each paycheck.

Question: What is withholding ?

Answer: A person enrolled in at least four classes in any educational plan.

Question: What is a full-time student ?

Answer: A balance in your favor, whether it be time or money.

Question: What are credits ?

Answer: The act of confirming or proving a statement.

Question: What is verifying?

Answer: A specific share of money given regularly for expenses.

Question: What are allowances?

Answer: Bills that have accrued over the tax year from the need for health insurance medical bills or simply babysitting.

Question: what are dependent-care expenses?

Answer: Using your own opinion or judgement on federal adjustments to income such as alimony that you will pay for the tax year.

Question: What is an estimate?

New York State Department of Taxation and Finance

IT-2104
(9/93)

1994

Employee's Withholding Allowance Certificate and Instructions

New York State • City of New York • City of Yonkers

Who Should File This Form

The certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in an inappropriate amount of tax withheld for New York State, New York City and Yonkers. You should complete a Form IT-2104 each year, and file it with your employer if the number of allowances you may claim is different than on federal Form W-4 or has changed. Common reasons why you should complete a new Form IT-2104 include the following:

- you started a new job;
- you are no longer a dependent;
- your individual circumstances may have changed (for example, you were married or have an additional child);
- you itemize your deductions on your personal income tax return;
- you claim allowances for New York State credits;
- you owed tax or received a large refund when you filed your personal income tax return for the past year;
- you have significantly more or less income from other sources or from another job; and
- you no longer qualify for exemption from withholding.

Exemption From Withholding

In certain cases, you can request that no income taxes be withheld from your pay by filing Form IT-2104-E, *Certificate of Exemption From Withholding*, with your employer. You can claim this exemption from withholding if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you are liable for tax if your income is more than $2,800.

Avoid Underwithholding

You may **not** claim a withholding allowance for yourself or, if married, your spouse. You should claim the number of withholding allowances you figure in Part I, on the back of this form. If you want more tax withheld you may claim fewer allowances. If you arrive at negative allowances (less than zero) on lines 1, 3 or 17, and your employer cannot accommodate negative allowances, enter "0" and ask your employer to withhold an additional dollar amount each pay period by completing lines 4, 5 and 6 on the allowance certificate. You may also consider filing estimated tax. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher*. If you need assistance, see *Need Help* on the back page.

If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances.

Penalty — A penalty of $500 will be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Income From Sources Other Than Wages

If you have more than $1,000 of income from sources other than wages (such as interest, dividends or alimony received), you should reduce the number of allowances claimed on line 1 of the IT-2104 certificate by one for each $1,000 of nonwage income. If you arrive at negative allowances (less than zero), see instructions under *Avoid Underwithholding*.

Heads of Households With Only One Job

If you will use the head-of-household filing status on your state income tax return, you should check the *Single/Head of Household* box on the front of the certificate. You may also wish to claim two additional withholding allowances on Part I, line 11, if you have only one job.

Married Couples With Only One Spouse Working

If your spouse does not work and has no income subject to state income tax, check the *Married* box on the front of the certificate. You may also wish to take two additional allowances on Part I, line 12.

Married Couples With Both Spouses Working

If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. You should each check the box *Married but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 17 between you and your working spouse. Your withholding will better match your final tax if the higher-wage earning spouse claims all of the couple's allowances and the lower-wage earning spouse claims zero allowances. **Do not** claim more allowances than you are entitled to. If the total income of you and your spouse is between $100,000 and $150,000, you should use the chart in Part III to compute the number of allowances to transfer to Part I, line 16.

Taxpayers With More Than One Job

If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your final tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, reduce the number of allowances by one on line 1 on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see instructions under *Avoid Underwithholding*.

Complete the worksheet on the back before making any entries.

Cut here and give the completed certificate to your employer

New York State Department of Taxation and Finance

1994

Employee's Withholding Allowance Certificate

IT-2104
(9/93)

New York State • City of New York • City of Yonkers

Print or type

Last name: Participant
First name and middle initial: [illegible]
Your social security number: 123 | 45 | 6789
Permanent mailing address (*number and street or rural route*): B-3 Cooper Hall
Apartment number:
City, village or post office: Brockport
State: NY
ZIP code: 14420

☒ Single/Head of Household ☐ Married
☐ Married, but withhold at higher single rate

Note: If married but legally separated, check the *Single/Head of Household* box.

1 Total number of allowances you are claiming for New York State and the city of Yonkers, if applicable *(from line 17)* 1 9

Lines 2 and 3 apply only to city of New York taxpayers.

2 Allowances for New York State credits, if applicable *(from lines 8, 9 and 10)* 2 2

3 Total number of allowances for city of New York *(subtract line 2 from line 1)* 3 6

Use lines 4, 5 and 6 below to have additional withholding per pay period under special agreement with your employer.

4 New York State amount 4

5 City of New York amount 5

6 City of Yonkers amount 6

17

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature [illegible] Participant Date 6/94

Employer's name and address (*Employer: complete this section only if sending to New York State Tax Department.*)

Employer identification number

IT-2104 (1994) (9/93) (back)

Part I - Complete this worksheet to figure your withholding allowances.

7 Enter number of dependents that you will claim on your state return *(do not include yourself or, if married, your spouse)* 7 4

For lines 8 through 10, enter "1" for each credit you expect to claim on your state return.

8 New York State household credit 8 1
9 Child and dependent care credit 9 1
10 Real property tax credit . . . . . 10 ______

For lines 11 and 12, enter "2" if either situation applies.

11 Head of household status **and** only one job 11 2
12 Married couples with only **one** spouse working **and** only one job . . . . . 12 ______
13 Enter an estimate of your federal adjustments to income such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate $______. Divide this estimate by $1,000. Drop any fraction and enter the number . . . . . 13 ______
14 If you expect to itemize deductions on your state tax return, complete the worksheet below and enter the number from line 23. All others enter "0" 14 0
15 Add lines 7 through 14. . . . . . 15 8
16 Married couples with both spouses working, whose total wages are between $100,000 and $150,000, enter the appropriate number from Part III below. All others enter "0" 16 0
17 Subtract line 16 from line 15. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter "0" here and on line 1 and see instructions under *Avoid Underwithholding. (If you have more than one job, or if you and your spouse both work, see instructions.)* . 17 8

Part II - Additional worksheet for itemizers - complete this part only if you expect to itemize deductions on your state return.

18 Enter your estimated federal itemized deductions for the tax year . . . . . 18 [illegible] 0
19 Enter your estimated state, local and foreign income taxes included on line 18 . . . . . 19 ______
20 Subtract line 19 from line 18 . . . . . 20 ______
21 Based on your federal filing status, enter the applicable amount from the table below 21 8,150-

Standard Deduction

$ 6,600 if single	**$10,800 if married filing jointly**
$ 8,150 if head of household	**$ 5,400 if married filing separate returns**
	$ 2,800 if dependent filer

22 Subtract line 21 from line 20 *(if line 21 is larger than line 20, enter "0" here and on line 14 above)* 22 0
23 Divide line 22 by $1,000. Drop any fraction and enter result here and on line 14 above . . . . . 23 ______

Part III - Chart - Only for married couples with both spouses working whose combined income from all sources is between $100,000 and $150,000. Use this chart to compute either the number of allowances to transfer to Part I, line 16 or the dollar amount to transfer to line 4 of Form IT-2104 certificate for additional withholding. All others do not have to use this chart.

	Total income of both spouses									
	$100,000 to 105,000	**$105,000 to 110,000**	**$110,000 to 115,000**	**$115,000 to 120,000**	**$120,000 to 125,000**	**$125,000 to 130,000**	**$130,000 to 135,000**	**$135,000 to 140,000**	**$140,000 to 145,000**	**$145,000 to 150,000**
Allowances for higher wage earner with wages under $90,000 *	1	2	3	4	5	6	7	8	9	10
Or additional withholding per week **	$1.50	$3.00	$4.50	$6.00	$7.50	$9.00	$10.50	$12.00	$13.50	$15.00
Allowances for higher wage earner with wages between $90,000 and $110,000 *			1	2	3	4	5	6	7	8
Or additional withholding per week **			$1.50	$3.00	$4.50	$6.00	$7.50	$9.00	$10.50	$12.00
Allowances for higher wage earner with wages between $110,000 and $120,000 *							1	2	3	4
Or additional withholding per week **							$1.50	$3.00	$4.50	$6.00
Allowances for higher wage earner with wages between $120,000 and $130,000 *									1	2
Or additional withholding per week **									$1.50	$3.00
Higher wage earner with wages over $130,000	no additional withholding is required									

* Transfer the number of allowances to Part I, line 16 above.
** Transfer the dollar amount to line 4 of Form IT-2104 certificate. If paid other than weekly, adjust this amount accordingly.

If You Need Help ? - For forms or publications, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073. For information, call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State, (518) 438-8581.

If you need to write, address your letter to: NYS TAX DEPARTMENT, TAXPAYER ASSISTANCE BUREAU, W A HARRIMAN CAMPUS, ALBANY NY 12227

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

Privacy Notification - Our authority to require personal information, including social security numbers, is found in sections 651, 652, 658, 697, 1306, 1312, 1332 and 1342 of the Tax Law, Article 2-E of the General City Law, and related parts of our personal income tax regulations.

We will use this information primarily to process your tax return and collect your personal income tax for the state or city of New York, the income tax surcharge on residents for the city of Yonkers or the earnings tax on nonresidents for the city of New York or Yonkers, whichever may apply to you. We may also use it to help enforce other taxes under the Tax Law, for tax refund offset programs and exchange of tax information programs authorized by sections 171-a, 171-b, 171-c, 171-d, 171-e, 171-f, 171-g and 697 of the Tax Law, and for any other purposes authorized by law.

Your failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law or the Penal Law.

Our authority to maintain this information is found in section 697(e) of the Tax Law and a related section of our personal income tax regulations. This information will be maintained by the Director Data Management Services Bureau, NYS Tax Department, Building 8 Room 905, W A Harriman Campus, Albany NY 12227, telephone (from New York State only) 1 800 CALL TAX (1 800 225-5829), from outside New York State, call (518) 438-8581.

Recycled Paper

COMPETENCY B

PHYSICAL PLANT

Tutor Tip

W-4 form:

Ask questions to assess the participant's knowledge of why employers require that they fill out a IT-2104 form. It is important for the participant to know the situations when he/she may need to change his/her W-4. Some instances would be a change in withholding allowances or by using Pub. 919, Is My Withholding Correct for 1994?, to see how the dollar amount one is having withheld compares to one's estimated total annual tax. Start a dialogue with the participant to inquire about how they fill out their IT-2104 and if they use any of the worksheets. The participant needs to be aware of all worksheets and to fill out all of them for accuracy.

Ask the participant if he/she is familiar with the two different income taxes, federal and state. See if the participant can find withholdings based on gross pay in the withholding tables. The social security tax rate is 6.2 percent and the Medicare rate is 1.45 percent. Have the participant look at his/her paystub to see how familiar he/she is with this information and if he/she knows that the employer must withhold these taxes from paychecks.

IT-2104 form terminology:

Test the participant's knowledge of the terminology on a IT-2104 form by going over five to ten vocabulary words. The participant needs to be able to refer to a dictionary to locate definitions. Also see if the participant can locate the words on the IT-2104 form.

Written Directions:

The participant needs to be able to follow complex, multi-step written directions. To be certain that correct action is being taken reread directions. Additionally, this objective should assist that the participant in identifying when to use the Two Earner/Two Job worksheet. You could discuss this with the participant to determine if he/she would use the worksheet. Go through the worksheet with the participant to see if he/she can perform the following; utilize the Two Earner/Two Job worksheet tables, perform manual computations to arrive at answer, utilize calculator to verify the answers, and transfer information to appropriate line on the IT-2104 form. Also apply same to participant's use of the Deductions and Adjustments worksheet. You can select math problems including; percents, decimals, conversion, multiplication, addition, subtraction, division, rounding dollar amounts to the hundredth place, and dropping fractions when necessary.

To check the participant on all of this (he/she is to double check all his/her work), you could come up with a scenario of a person with a certain number of allowances and information that may be used on one or more of the worksheets.

COMPETENCY B

PHYSICAL PLANT

This worksheet is like the game Jeopardy! With the words listed below create the questions to the answers that have been provided.

Allowances
Credits
Claiming
Computing
Deductions
Dependent - Care Expenses
Estimate
Full-Time Student
Imposed
Itemizing
Obsolete
Verify
Voucher
Withholding

Answer: When something is no longer in use, extinct or outworn. Example: Using a 1992 IT-2104 to file your 1994 taxes.

Question:--?

Answer: In 1986 the State of New York started this automated process to calculate your income tax liability.

Question:--?

Answer: The process of declaring your tax-liability to the Federal government.

Question:--?

Answer: The process of categorizing your taxable expenses; usually people in the upper tax bracket can benefit from this.

Question:--?

Answer: When a new tax law is implemented it is also said to be this.

Question:--?

Answer: Subtractions from a person's gross income.

Question:--?

Answer: A form indicating a credit against future purchases for expenditures.

Question:--?

Answer: An amount of tax put on your income that is held back from each paycheck.

Question:--?

Answer: A person enrolled in at least four classes in any educational plan.

Question:--?

Answer: A balance in your favor, whether it be time or money.

Question:--?

Answer: The act of confirming or proving a statement.

Question:--------------------------------------?

Answer: A specific share of money given regularly for expenses.

Question:--------------------------------------?

Answer: Bills that have accrued over the tax year from the need for health insurance medical bills or simply babysitting.

Question:--------------------------------------?

Answer: Using your own opinion or judgement on federal adjustments to income such as alimony that you will pay for the tax year.

Question:--------------------------------------?

COMPETENCY B

PHYSICAL PLANT

1. Why should you complete a new form IT-2104? List at least three reasons.

2. Can you request that no income taxes be withheld from your pay? yes/no Why or how?

3. Should the allowances be reduced if you have income more than $1,000 in other than wages? yes/no Explain.

4. Who can you claim? Can you claim yourself and spouse if married?

5. If you have negative allowances and your employer can not accommodate them, what do you do? What choices would you have?

6. What box should be checked when you used the Head-of-Household filing status on your state income tax return?

New York State Department of Taxation and Finance

IT-2104
(9/93)

1994

Employee's Withholding Allowance Certificate and Instructions

New York State • City of New York • City of Yonkers

Who Should File This Form

The certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in an inappropriate amount of tax withheld for New York State, New York City and Yonkers. You should complete a Form IT-2104 each year, and file it with your employer if the number of allowances you may claim is different than on federal Form W-4 or has changed. Common reasons why you should complete a new Form IT-2104 include the following:

- you started a new job;
- you are no longer a dependent;
- your individual circumstances may have changed (for example, you were married or have an additional child);
- you itemize your deductions on your personal income tax return;
- you claim allowances for New York State credits;
- you owed tax or received a large refund when you filed your personal income tax return for the past year;
- you have significantly more or less income from other sources or from another job; and
- you no longer qualify for exemption from withholding.

Exemption From Withholding

In certain cases, you can request that no income taxes be withheld from your pay by filing Form IT-2104-E, *Certificate of Exemption From Withholding*, with your employer. You can claim this exemption from withholding if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you are liable for tax if your income is more than $2,800.

Avoid Underwithholding

You may **not** claim a withholding allowance for yourself or, if married, your spouse. You should claim the number of withholding allowances you figure in Part I, on the back of this form. If you want more tax withheld you may claim fewer allowances. If you arrive at negative allowances (less than zero) on lines 1, 3 or 17, and your employer cannot accommodate negative allowances, enter "0" and ask your employer to withhold an additional dollar amount each pay period by completing lines 4, 5 and 6 on the allowance certificate. You may also consider filing estimated tax. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher*. If you need assistance, see *Need Help* on the back page.

If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances.

Penalty — A penalty of $500 will be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Income From Sources Other Than Wages

If you have more than $1,000 of income from sources other than wages (such as interest, dividends or alimony received), you should reduce the number of allowances claimed on line 1 of the IT-2104 certificate by one for each $1,000 of nonwage income. If you arrive at negative allowances (less than zero), see instructions under *Avoid Underwithholding*.

Heads of Households With Only One Job

If you will use the head-of-household filing status on your state income tax return, you should check the *Single/Head of Household* box on the front of the certificate. You may also wish to claim two additional withholding allowances on Part I, line 11, if you have only one job.

Married Couples With Only One Spouse Working

If your spouse does not work and has no income subject to state income tax, check the *Married* box on the front of the certificate. You may also wish to take two additional allowances on Part I, line 12.

Married Couples With Both Spouses Working

If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. You should each check the box *Married but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 17 between you and your working spouse. Your withholding will better match your final tax if the higher-wage earning spouse claims all of the couple's allowances and the lower-wage earning spouse claims zero allowances. **Do not** claim more allowances than you are entitled to. If the total income of you and your spouse is between $100,000 and $150,000, you should use the chart in Part III to compute the number of allowances to transfer to Part I, line 16.

Taxpayers With More Than One Job

If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your final tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, reduce the number of allowances by one on line 1 on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see instructions under *Avoid Underwithholding*.

Complete the worksheet on the back before making any entries.

Cut here and give the completed certificate to your employer

New York State Department of Taxation and Finance

1994

Employee's Withholding Allowance Certificate

New York State • City of New York • City of Yonkers

IT-2104
(9/93)

Print or type

Last name   First name and middle initial

Your social security number

Permanent mailing address *(number and street or rural route)*   Apartment number

☐ Single/Head of Household   ☐ Married

☐ Married, but withhold at higher single rate

City, village or post office   State   ZIP code

Note: If married but legally separated, check the *Single/Head of Household* box.

1 Total number of allowances you are claiming for New York State and the city of Yonkers, if applicable *(from line 17)*	1	
Lines 2 and 3 apply only to city of New York taxpayers.		
2 Allowances for New York State credits, if applicable *(from lines 8, 9 and 10)*	2	
3 Total number of allowances for city of New York *(subtract line 2 from line 1)*	3	
Use lines 4, 5 and 6 below to have additional withholding per pay period under special agreement with your employer.		
4 New York State amount	4	
5 City of New York amount	5	
6 City of Yonkers amount	6	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature   Date

Employer's name and address *(Employer: complete this section only if sending to New York State Tax Department.)*   Employer identification number

IT-2104 (1994) (9/93) (back)

Part I - Complete this worksheet to figure your withholding allowances.

7 Enter number of dependents that you will claim on your state return *(do not include yourself or, if married, your spouse)* . . . . . 7 ________

For lines 8 through 10, enter "1" for each credit you expect to claim on your state return.

8 New York State household credit . . . . . 8 ________

9 Child and dependent care credit . . . . . 9 ________

10 Real property tax credit . . . . . 10 ________

For lines 11 and 12, enter "2" if either situation applies.

11 Head of household status **and** only one job . . . . . 11 ________

12 Married couples with only **one** spouse working **and** only one job . . . . . 12 ________

13 Enter an estimate of your federal adjustments to income such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate $ ____________ . Divide this estimate by $1,000. Drop any fraction and enter the number . . . . . 13 ________

14 If you expect to itemize deductions on your state tax return, complete the worksheet below and enter the number from line 23. All others enter "0" . . . . . 14 ________

15 Add lines 7 through 14. . . . . . 15 ________

16 Married couples with both spouses working, whose total wages are between $100,000 and $150,000, enter the appropriate number from Part III below. All others enter "0" . . . . . 16 ________

17 Subtract line 16 from line 15. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter "0" here and on line 1 and see instructions under *Avoid Underwithholding. (If you have more than one job, or if you and your spouse both work, see instructions.)* . 17 ________

Part II - Additional worksheet for itemizers - complete this part only if you expect to itemize deductions on your state return.

18 Enter your estimated federal itemized deductions for the tax year . . . . . 18 ________

19 Enter your estimated state, local and foreign income taxes included on line 18 . . . . . 19 ________

20 Subtract line 19 from line 18 . . . . . 20 ________

21 Based on your federal filing status, enter the applicable amount from the table below . . . . . 21 ________

Standard Deduction

$ 6,600 if single	**$10,800 if married filing jointly**
$ 8,150 if head of household	**$ 5,400 if married filing separate returns**
	$ 2,800 if dependent filer

22 Subtract line 21 from line 20 *(if line 21 is larger than line 20, enter "0" here and on line 14 above)* . . . . . 22 ________

23 Divide line 22 by $1,000. Drop any fraction and enter result here and on line 14 above . . . . . 23 ________

Part III - Chart - Only for married couples with both spouses working whose combined income from all sources is between $100,000 and $150,000. Use this chart to compute either the number of allowances to transfer to Part I, line 16 or the dollar amount to transfer to line 4 of Form IT-2104 certificate for additional withholding. All others do not have to use this chart.

	Total income of both spouses									
	$100,000 to 105,000	$105,000 to 110,000	$110,000 to 115,000	$115,000 to 120,000	$120,000 to 125,000	$125,000 to 130,000	$130,000 to 135,000	$135,000 to 140,000	$140,000 to 145,000	$145,000 to 150,000
Allowances for higher wage earner with wages under $90,000 *	1	2	3	4	5	6	7	8	9	10
Or										
additional withholding per week **	$1.50	$3.00	$4.50	$6.00	$7.50	$9.00	$10.50	$12.00	$13.50	$15.00
Allowances for higher wage earner with wages between $90,000 and $110,000 *			1	2	3	4	5	6	7	8
Or										
additional withholding per week **			$1.50	$3.00	$4.50	$6.00	$7.50	$9.00	$10.50	$12.00
Allowances for higher wage earner with wages between $110,000 and $120,000 *							1	2	3	4
Or										
additional withholding per week **							$1.50	$3.00	$4.50	$6.00
Allowances for higher wage earner with wages between $120,000 and $130,000 *									1	2
Or										
additional withholding per week **									$1.50	$3.00
Higher wage earner with wages over $130,000							no additional withholding is required			

* Transfer the number of allowances to Part I, line 16 above.

** Transfer the dollar amount to line 4 of Form IT-2104 certificate. If paid other than weekly, adjust this amount accordingly.

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Your failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law or the Penal Law.

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(IT 201-P PACKET) RESIDENTS INCOME TAX RETURN

BEST COPY AVAILABLE

Instructions for Form IT-214

Real Property Tax Credit

If your household gross income was $18,000 or less, you may be entitled to a credit on your New York State income tax return for part of the real property taxes or rent you paid during 1993. If you do not have to file a return, you can file for a refund of the credit by using Form IT-214 only.

Who Qualifies

Homeowners — To qualify for the real property tax credit, you have to meet all of these conditions for the taxable year 1993:

— your household gross income was $18,000 or less;

— you occupied the same New York residence for six months or more;

— you or your spouse paid real property taxes on your residence;

— you were a New York State resident for all of 1993;

— you could not be claimed as a dependent on someone else's federal income tax return;

— your residence was not completely exempted from real property taxes;

— the current market value of all your real property (house, garage, land, etc.) was $85,000 or less;

— any rent you received for nonresidential use of your residence was 20% or less of the total rent you received.

Renters — To qualify for the real property tax credit, you have to meet all of these conditions for the taxable year 1993:

— your household gross income was $18,000 or less;

— you occupied the same New York residence for six months or more;

— you or your spouse paid rent for your residence;

— you were a New York State resident for all of 1993;

— you could not be claimed as a dependent on someone else's federal income tax return;

— your residence was not completely exempted from real property taxes;

— the average monthly rent you and other members of your household paid was $450 or less, not counting charges for heat, gas, electricity, furnishings or board.

If you meet all of these conditions as a homeowner or renter, you are a qualified taxpayer and may be entitled to the real property tax credit.

You cannot file a real property tax credit claim form for a taxpayer who has died.

Definitions

All who share your residence and its furnishings, facilities and accommodations are **members of your household,** whether they are related to you or not.

Household members also include tenants, subtenants, roomers or boarders if they are **related** to you in any of the following ways:

— a stepson or stepdaughter;

— a brother, sister, stepbrother or stepsister;

— a father, mother or an ancestor of either;

— a stepfather or stepmother;

— a niece or nephew;

— an aunt or uncle;

— a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law.

No one can be a member of more than one household at one time.

Household gross income is the total of the following income items that you and all members of your household received:

— Federal adjusted gross income (even if you don't have to file a federal return).

— New York State additions to federal adjusted gross income. For a list of these additions, see Publication 22, *General Information on New York State's Real Property Tax Credit for Homeowners and Renters*, or the instructions for Form IT-201. For Form IT-200 filers, the New York State additions to federal adjusted gross income are shown on Form IT-200, line 9, Public employee 414(h) retirement contributions and line 10, IRC 125 amounts from the New York City flexible benefits program. See instructions for Form IT-200.

— Any part of the following items of income **not** included in either of the above:

  — the gross amount of pensions and annuities, including railroad retirement benefits, all payments received under the federal Social Security Act and veterans' disability pensions;

  — support money including foster care support payments;

  — income earned abroad exempted by section 911 of the Internal Revenue Code;

  — supplemental security income (SSI) payments;

— nontaxable interest received from New York State, its agencies, instrumentalities, public corporations or political subdivisions;

— workers' compensation;

— the gross amount of loss-of-time insurance. (For example, an accident or health insurance policy and disability benefits received under a "no-fault" automobile policy, etc.);

— cash public assistance and relief, other than medical assistance for the needy. (For example, cash grants to clients, emergency aid to adults, value of food vouchers received by clients, etc.) Do not include amounts received from the Home Energy Assistance Program (HEAP);

— nontaxable strike benefits.

Household gross income does not include food stamps, medicare, medicaid, scholarships, grants, surplus food or other relief in kind. It also does not include payments made to veterans under the Federal Veterans' Dioxin and Radiation Exposure Compensation Standards Act because of exposure to herbicides containing dioxin (agent orange), or pursuant to certain agent orange product liability

A **residence** is a dwelling that you owr rent, and up to one acre of land aroun must be located in New York State. If y residence is on more than one acre of only the amount of real property taxes rent paid that applies to the residence only one acre around it may be used t figure the credit. (If you do not know h much rent or real property tax you paic the one acre surrounding your residen contact your local assessor.) Each resi within a multiple dwelling unit may qua condominium, a cooperative or a rental within a single dwelling is also a reside

A trailer or mobile home that is used o for residential purposes is also a reside

Real property taxes paid are all curre prior and prepaid real property taxes, s ad valorem levies and assessments lev and paid upon a residence owned or previously owned by a qualified taxpay spouse, if the spouse occupied the residence for at least six months) durin taxable year. You may elect to include r property taxes that are exempted from t under section 467 (for persons 65 and of the Real Property Tax Law (veterans' exemption does **not** qualify). If you do r know this amount, contact your local assessor.

Real property taxes paid also include a real estate taxes allowed (or which woul allowable if the taxpayer had filed retur a cash basis) as a deduction for tenant-stockholders in a cooperative housing corporation under section 216 of the Int Revenue Code.

If any part of your residence was ownec someone who was not a member of you household, include only the real propert taxes paid that apply to the part you an other qualified members of your househ own.

If your residence was part of a larger ur include only the amount of real property taxes paid that can be reasonably applie your residence.

If you owned and occupied more than o residence during the taxable year, add together the prorated part of real propert taxes paid for the period you occupied e residence.

Rent constituting real property taxes is 25% of the adjusted rent paid on a N York residence during the taxable year. Adjusted rent is the rent paid after subtracting any charges for heat, gas, electricity, furnishings or board. If these charges are not separately stated, compl lines 22 through 25 of Form IT-214 to fig 25% of adjusted rent. Do not include an subsidized part of your rental charge in adjusted rent.

If any part of your residence was rented someone who was not a member of your household, include in line 22 of Form IT- only the amount of rent you and member your household paid.

If you moved from one rented residence another rented residence during the taxa

COMPETENCY C

PHYSICAL PLANT

1. Calculate Gross Pay

Hours worked   Pay rate   =   Gross Pay

80   x $ 9 . 65 = $ 772.00

2. Calculate Net Pay

Deductions

The deductions listed below are examples of possible deductions taken out of a paycheck. Deductions change from person to person and paycheck to paycheck.

Possible deductions
Social Security Tax (FICA)
Federal Taxes
NY State Taxes
Union Dues
Medical
Medicare Tax
Retirement Contribution
Charitable Contributions
(Others)

Add the deductions together and subtract from the gross amount. Use the space provided to subtract the deductions from the gross pay to figure the net pay.

Gross Pay   -   Total Deductions   =   Net Pay
(1st Problem)

$ 772 . 00   - $ 234 . 93   = $ 537 . 07

estimated figure

3. List the differences between biweekly and weekly.

weekly: pay period every week

biweekly: pay period of two weeks

4. Errors with paychecks should be given to the attention of: personnel department

5. Take the base pay and figure the hourly rate.

biweekly pay = base ÷ 26wks ÷ 80hrs = hrly rate

weekly pay = base ÷ 52wks ÷ 40hrs = hrly rate

bi → $20,072.00 ÷ 26 wks ÷ 80hrs = $9.65 per hou

6. Take the gross pay and figure the hourly rate.

gross pay ÷ 80 hrs. = hourly rate

$772.00 ÷ 80hrs = $9.65 per hour

7. What is the percentage of social security tax deducted?

amount deducted ÷ grosspay = amount x 100 = %

$46.03 ÷ 772.00 = .0596 = 5.96%

8. Non-taxable deductions are subtracted from [✓ gross] pay or net pay?

9. If you were to get a 4% raise, what would be the adjusted gross pay? $802.88

new hourly rate

① $9.65 × .04 = .386

② .386 + $9.65 = 10.036

③ $10.036 x 80hrs = $802.88

Key

COMPETENCY C

PHYSICAL PLANT

L 1. Last day of the pay period

M 2. The number that refers to a worker's place of employment

F 3. Amount deducted to pay Medicare and Social Security

I 4. Your paycheck is directly put in the bank

D 5. Amount taken out every pay period for services provided by the union

E 6. Total amount of earnings with no deductions

H 7. Those amounts of money taken out of earnings for specific purposes

G 8. Amount of money accumulated in each category from the beginning of a year to the present

J 9. Total amount of money that is taken home

A 10. A system of 3 digit numbers that refer to specific deductions

B 11. Single, married, divorced

K 12. Your yearly income

Word List

A. Code
B. Marital Status
C. Health
D. Union dues
E. Gross pay
F. Federal FICA
G. Year to date amount
H. Deductions
I. Direct deposit
J. Net pay
K. Base pay
L. Per ending date
M. Line no.

BONUS WHAT DOES FICA STAND FOR: Federal Insurance Contribution Act

TUTOR TIP

COMPETENCY C

PHYSICAL PLANT

There are several objectives to be accomplished in this competency. One is to make the participant aware of the reasons for deductions on his/her pay stub. All participants must recognize the difference between weekly and biweekly pay periods, and from this, learn to calculate hourly wages, base pay, percentages of both Federal and State tax withholding, FICA, Medicare and all other deductions listed on their paychecks. All this information and more are listed in the "Circle E, Employer's Tax Guide".

All participants must learn to look up information in the index and/or table of contents. In the tutor's copy of the competency there are lists of vocabulary and abbreviations used on the pay stubs. These can be found in the Employee Handbook. The codes used on these paychecks can be found on the backside of paycheck receipts. Also, make the participant aware of what to do when a paycheck has been misplaced or it contains an error.

To go over these objectives, utilize a sample paystub and ask questions concerning it. Even though payroll is computerized, errors can occasionally occur. Even if no errors occur, it is in the participant's best interest to keep track of their earnings.

For your convenience, listed below are the standard deductions for the different marital statuses allowed by the federal government:

Single: $3800.00
Married (Filing jointly): $6350.00
Married (filing separately): $3175.00
Head of Household: $5600.00
Each allowance claimed is worth: $2350.00

Example: A man who has a base pay of $30,000.00, with a filing status of married filing jointly and four exemptions, would calculate his tax liability with the following steps:

base pay	30,000.00	
subtract	6,350.00	(Married filing jointly)
	23,650.00	
subtract	9,400.00	(4 allowances @ 2,350 ea.)
	14,250.00	= this amount is what your tax liability is based on.

From here you would look up in the federal tax guide lines for this amount and skim across the table to find your tax liability. We have no tax booklets here in this office. Just make it clear to the participants that all they really need to know is their actual tax liability and how to arrive at this amount.

State income tax withholding is based on 7% of your tax liability.

Social Security withholding is 6.2%.

COMPETENCY C

PHYSICAL PLANT

1. Calculate Gross Pay

Hours worked Pay rate = Gross Pay

_______ X $______.__ = _________________

2. Calculate Net Pay

Deductions

The deductions listed below are examples of possible deductions taken out of a paycheck. Deductions change from person to person and paycheck to paycheck.

Possible deductions
Social Security Tax (FICA)
Federal Taxes
NY State Taxes
Union Dues
Medical
Medicare Tax
Retirement Contribution
Charitable Contributions
(Others)
____

Add the deductions together and subtract from the gross amount. Use the space provided to subtract the deductions from the gross pay to figure the net pay.

Gross Pay (1st Problem) - Total Deductions = Net Pay

$_______._____ - $_______._____ = $________._____

3. List the differences between biweekly and weekly.

weekly: ____

biweekly: ______________________________________

4. Errors with paychecks should be given to the attention of: ________________________________

5. Take the base pay and figure the hourly rate.

____

6. Take the gross pay and figure the hourly rate.

____

7. What is the percentage of social security tax deducted?

____

8. Non-taxable deductions are subtracted from gross pay or net pay?

9. If you were to get a 4% raise, what would be the adjusted gross pay? $_________._____

COMPETENCY C

PHYSICAL PLANT

__1. Last day of the pay period

__2. The number that refers to a worker's place of employment

__3. Amount deducted to pay Medicare and Social Security

__4. Your paycheck is directly put in the bank

__5. Amount taken out every pay period for services provided by the union

__6. Total amount of earnings with no deductions

__7. Those amounts of money taken out of earnings for specific purposes

__8. Amount of money accumulated in each category from the beginning of a year to the present

__9. Total amount of money that is taken home

__10. A system of 3 digit numbers that refer to specific deductions

__11. Single, married, divorced

__12. Your yearly income

Word List

A. Code
B. Marital Status
C. Health
D. Union dues
E. Gross pay
F. Federal FICA
G. Year to date amount
H. Deductions
I. Direct deposit
J. Net pay
K. Base pay
L. Per ending date
M. Line no.

BONUS WHAT DOES FICA STAND FOR: ______________________

SERIES B

State of New York

No.05497666

B-05497666

28150

DEPARTMENT OF TAXATION AND FINANCE-DIVISION OF THE TREASURY

KEY BANK OF NEW YORK

ALBANY, N.Y.

29-70
213

JUN 30, 1993

PAY TO THE ORDER OF ✣✣✣✣✣534.56

EXACTLY ✣✣✣✣✣ 534 DOLLARS AND 56 CTS.

STATE COMPTROLLER

COMMISSIONER OF TAXATION AND FINANCE

⑈05497666 2⑈ ⑆021300705⑆ 710 00 361 2⑈

Bk Act #

Bk ID #

STATE OF NEW YORK

STATEMENT OF SALARY AND DEDUCTIONS

FOR DIRECT DEPOSIT 06-30-93

No. 5028837

D-5028837

144

AGENCY CODE	LINE NO	SOCIAL SECURITY NO	YTD GROSS SALARY	YTD FEDERAL TAX	YTD STATE TAX	YTD NYC TAX	YTD YKRS TAX	YTD SOC SEC TAX
28150	00587		968527	89217	32168			71390

PER ENDING DATE	LOCATION PAY	SHIFT DIFF	NOCONV PAY	GEOG DIFF	HOURS - OVERTIME - AMOUNT	DAYS - LOST TIME - AMOUNT	GROSS PAY
061693							76949

BASE PAY	BONDS	FED EX	STATUS	FEDERAL TAX	ST EX	STATUS	STATE TAX	NYC EX	NYC TAX	YKRS EX	YKRS TAX	SOC SEC TAX
2006200		0	M	7219	1	S	2649					4603

MAINTENANCE	TWO	RET CD	CODE - HEALTH - AMOUNT	CODE - RET FUND - AMOUNT	CODE - CU - AMOUNT	CODE - OTHER DED - AMOUNT	NET PAY
	03	1	06620003 N 2714	866 300		620 N 2308	53456

CODE - ADD'L SAL INFO - AMOUNT	CODE - OTHER DED - AMT		CODE - OTHER DED - AMT	
	927	1076	305	200
	306	530	307	1010
	201	884		

XXXXXXXXXXXXXXXXXXXXXXXXX
EDWARD V REGAN, STATE COMPTROLLER

EXPLANATION OF CODES ON BACK

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DUES

REG	AGNY SHOP	
201	212	CSEA
202	213	AFSCME, Council 82
203	227	Fraternal Order of NYS Troopers
204		UUPI Vote Cope
205	263	PBA, NYS Troopers, Inc.
206		Assoc. of NYS Trans. Engrs.
207		New York State Nurses Assoc.
209		Organization of NYS M/C inc.
211		NYS Careerists Society, Inc.
219		New York State Parole Officers
222	215	United University Profession, Inc.
223	247	Public Employees Federation
235		CSEA - People
257		The Black Caucus

INSURANCE

302	State Health Adj.
305	CSEA, Life (Reg.)
306	CSEA, Life (Suppl.)
307	CSEA, Acc. & Health
308	Equitable Life
309	PBA (NYSP)
311	Fraternal Order of NYS Troopers
316	Alfred University Group Life
319	Marg. Assoc., Royal Globe (Auto/Home)
322	Non-Taxable Health Insurance Adj.
323	Marg. Assoc., MCIC (Disability)
324	CSEA, Travelers, (Auto/Home)
325	NYS Group Ins.
327	NYS Group Ins. Adj.
328	Alfred University Group Accident
329	Marg. Assoc., Royal Globe (Life)
332	PEF-Legal Service
344	PEF-Disability
345	PEF-Life
346	PEF-Auto
349	PEF-Home
354	PEF-Whole Life
355	Marg. Assoc., (M/C-Auto/Home)
356	Marg. Assoc., Wausau (PBA-Auto)
357	PEF-Long Term Disability
358	CSEA, Perm. Life
359	Frat. Order of NYS Troopers-Disability
366	Council 82 - Term Life
367	Council 82 - Disability Life
368	Council 82 - Automobile Homeowners
369	Council 82 - Permanent Life
381	ULP NYSUT Benefit Trust
390	CSEA Personal Lines

MISCELLANEOUS

403	TIAA SRA-CUNY
404	Supp. Ret. Annuity Program
405	TIAA Special Annuity
406	Disciplinary or Strike Fines
413	NBE Tax Deferred Ann.-CUNY
414	NYT Tax Deferred Ann.-CUNY
415	Tax Deferred Annuity - UUPI
416	Deferred Compensation
417	PSC TDA
419	Copeland TDA-CUNY
420	Federal Levy
421	Garnishee
422	Court Order
423	Traffic Fines (SUNY)
425	Repayment of State Loans Dept
426	Higher Education Repayment of State Loans
427	OGS Parking Srvs
428	Dependent Care
430	Benefit Fund Eligibility Code
433	Repayment Unemployment Ins.
514	Social Security Adjustment
519	Social Security Deficiency
542	Earned Income Credit
606	Retirement Loan Amount
607	Retirement Arrears
619	NYC Arrears Non-Taxable
620	Retirement Contribution N=Non-Taxable
621	ERS TRS Arrears Non-Taxable
650	SUNY 414H TIAA Part
651	SUNY 414H TIAA Susp
652	CUNY 414H TIAA Part
653	CUNY 414H TIAA Susp
686	TIAA Contra-Participating
687	TIAA Contra-Suspense
801	Total Other Deductions
927	Medicare Tax

ADDITIONAL SALARY FACTORS

ADJ	Adjustment
ADT	Total Other Salary Factors
AJT	Adjunct
ASC	Additional Shift Comp.
BON	Bonus
EDA	Educational Assistance
ES	Extra Service
ET	Extra Time
HAZ	Hazard Pay
HOL	Holiday Pay
HOD	Hospital Duty
IIP	Intermittent Inconvenience Pay
IIS	Intermittent Inconvenience Shift
ISF	Intermittent Shift
LLS	LSP Longevity
LOT	LSP Overtime
LSP	Lump Sum Pay
LSS	Salary LSP
MAT	Multi-Additional Transactions
OCR	Overtime Courts
OPD	Occupational Pay Differential
OTS	OT Straight Time
PAW	Performance Award
POA	Premium Overtime Amount
PSB	Pre-Shift Briefing
RAP	Reassignment Pay
SAW	Special Award
SID	Safety Incentive Differential
SLS	Shift LSP
SSE	Summer Session
STI	Stipend
STH	Standby Pay
SUM	Summer Payment
TFB	Taxable Fringe Benefits
TXE	Taxable Expense
UTA	Uniform/Tool Allow
VAC	LSP Vacation Exchange
VLS	LSP Voluntary Reduction
WCS	Workers Comp Supp

Contact your Personnel Office for definitions of codes other than those listed.

RETIREMENT CODES

1	ERS	5	Police & Firemen
2	NBE	6	TIAA/CREF
3	Teachers	8	NYC ERS
4	Buffalo TIAA/NYC Teachers	9	No Retirement

INDIVIDUAL RETIREMENT ACCOUNTS

313	Fraternal Order of NYS Troopers
325	Police Benevolent Association
337	Security Mutual Life Ins. Co.-M/C
339	Dreyfuss Service Corp.-M/C
360	Dime Savings - CSEA
362	Unity Life - CSEA
363	Aetna Life & Annuity - UUPI
364	Dime Savings - Council 82

STATE HEALTH INSURANCE CODES

OPTION (1st 3 Digits)	COVERAGE (4th Digit)	
001 Empire Plan	1	Individual
050-500 H.M.O.	2	Family
	3	Dual Eligibility

5th Digit indicates Medicare Credits.
Digits 6-8 are the Benefit Package Indicators.
N = Non-Taxable Health Insurance
T = Taxable Health Insurance
(Precedes the Health Insurance Deduction Amount)

DIRECT DEPOSIT

If you have any questions about this deposit, take this statement to your financial institution.

10/91

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COMPETENCY D

PHYSICAL PLANT

Put the number of the description sentence next to the word it matches.

2 **Contract Year** 1 **Fiscal Year** 3 **Calendar Year**

1. A year based on finances of a business.
2. A year based on a personal union contract.
3. A year that is a universal record of keeping months.

2 **Displacement** 1 **Transfer**

1. Promotions or changes from one job classification to another.
2. Termination of a job in accordance with seniority.

1 **Discharge** 2 **Layoff**

1. Permanent release of job.
2. Temporary job loss.

1 **Union Sponsored** 2 **Employer Sponsored**

1. Those activities such as meetings, conferences, workshops, or seminars directed by the Union.
2. Activities for the employee that the employer wishes to organize such as meetings, seminars, or conventions.

1 **Acquiring Seniority** 2 **Retaining Seniority**

1. After the 720 hour probationary period, an employee would start and continue to gain a certain status.
2. Maintaining correct procedures for days off, and layoff notification, remaining gainfully employed and refraining from conduct which would give cause to be discharged.

COMPETENCY D

PHYSICAL PLANT

Fill in the blanks with the words listed on the wordsearch.

1. Any employee wishing to exercise his/her displacement rights must notify the employer in writing.
2. A laid-off employee's obligation is to provide the employer with a current mailing address to which the employer can send the notice to recall.
3. An employer shall not encumber all job responsibilities exclusively on the subordinate.
4. The Union may appoint one steward for each shift who will act for and on behalf of the employees represented.
5. Part-time employment is not exceeding twenty-five hours per week.
6. Once put on a seniority list, all vacation time earned will be retroactive from start of employment.
7. The employer shall provide disability benefits to employees to the extent required by law.
8. An employee is entitled to utilize sick leave hours for full sick leave pay if the employee has sufficient hours in their sick leave bank.
9. Each employee with seniority may draw on his/her accumulated sick leave hours in hourly segments.
10. Additional increments for step placement will be received on the employee's anniversary of hire as they complete three (3), five (5), and seven (7) years of service.
11. A written notice of disciplinary demotion shall be served simultaneously to the employee and the CSEA Union President.
12. Each job position has qualifications that must be met to obtain that position.
13. The Union is the collective bargaining agent for all of its eligible employees.

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14. The Union is recognized by the employer as the sole and exclusive collective bargaining agent.

15. In the event that any differences shall arise between any employee and the employer, such differences shall be settled by following the grievance procedure.

16. Seniority shall be lost if an employee fails to return to work after a layoff when notified.

17. If a full-time employee accepts a layoff, the employee shall be eligible to apply for and receive unemployment benefits in accordance with applicable law.

18. Union membership will not discriminate against employees.

19. Seniority shall continue and not be broken when an employee shall be on sick leave or layoff.

20. Blue Cross/Blue Shield and Blue Million insurance include the $5 co-pay prescription drug rider.

21. Employees who have been employed for a period of six (6) months or longer shall not receive a disciplinary demotion without just cause.

22. Twelve month employees shall be entitled to five (5) personal days off in the contract year.

23. The accrual of vacation time begins after seniority is obtained.

24. When an employee presents danger to the employer or his fellow employees, the employee may be suspended and the serving of the notice shall be waived for a period of two (2) business days.

25. The ability to use seniority to acquire a position is called bumping rights.

COMPETENCY D

DIRECTIONS: Find the words listed below in the crossword puzzle. The words will be either horizontal or vertical.

```
S T E W A R D F G H T C Y C O P A Y C U Y T R F U J O K K M E
G H J A S F R H M L Z Q S O B L I G A T I O N B G D F E R F N
B H J I X L O Y F D A Q F L Z D F H I D I S P L A C E M E N T
A S D V B K J G T I R E W L S F R T Y U J K L F S S X E R G I
N B F E F R Y W W S E T J E X C L U S I V E J Y E R C I A B T
M G R D A Z X L P C R D S C S F R S X R E S F T N D E G J C L
A C C R U A L I D R D N O T I F I E D D T J K Y I Y E T U J E
C F H Y J M D N F I G Y Y I K G F S R E C X A E O S D Q Z D D
C D R Y K R B C Z M A S C V B G F D S X C G T F R F I N J Y E
U D F G Y K B R V I D G J E U K O G D S N M H F I B N F H J M
M F G H T S F E S N H B F B U M P I N G R I G H T S G D G B O
U B F D G K Y M F A F H N A G Y G J L J F G R W Y S D G B H T
L F H Y J M G E C T F B G R G T Y T S U F F I C I E N T B V I
A C C O R D A N C E F G H G F H T D C B M K B V F L O H G F O
T A D C X Z W T R G H N B A G H Q U A L I F I C A T I O N S N
E F B H F D S S D Z M H G I G V G R N U K A Q W A E D S X F N
D D I S A B I L I T Y B E N E F I T S M J Y G D S E G H Y J L
F G H J Y J N D S D W Q A I L I Y N G A S D E F S F R D V D K
R E T R O A C T I V E F G N F G S I M U L T A N E O U S L Y N
E N C U M B E R H J T H J G R I E V A N C E D G T J T N J F D
```

EXCLUSIVE
STEWARD
GRIEVANCE
ENCUMBER
NOTIFIED
OBLIGATION
ACCORDANCE
DISPLACEMENT
QUALIFICATIONS
BUMPING RIGHTS
SIMULTANEOUSLY
SUFFICIENT

ENTITLED
COLLECTIVE BARGAINING
ACCUMULATED
WAIVED
INCREMENTS
ACCRUAL
DISABILITY BENEFITS
DISCRIMINATE
SENIORITY
EXCEEDING
CO-PAY
DEMOTION

RETROACTIVE

COMPETENCY D

PHYSICAL PLANT

Choose the appropriate type of time off for each situation:

On St. Valentine's Day, you won an all expense paid seven day, six night Royal Caribbean Cruise to the Bahamas in a radio talk show contest. Eligibility requirements state that all national holiday booking dates are excluded and that the expiration date for the prize is December 31st of the current year.

vacation

Following a month of flu-like symptoms, your doctor says that you are fine, but the rabbit died! After five months of grueling pregnancy, you're looking forward to staying home and recovering after the baby is born.

maternity or sick leave

Your beloved grandmother who lived down on the farm in Potsdam has passed away. Since you were the favorite grandchild it's expected that you will handle all the funeral arrangements.

Personal leave

JPP

COMPETENCY D

PHYSICAL PLANT

TUTOR TIPS

To work this competency, a tutor should have on hand the Agreement between the Operational Services and Civil Service Employment Association booklet and a dictionary, as well as all the pertinent folder information.

This competency is a good opportunity to review "Skimming and Scanning" with the client using the Agreement booklet. (See Skimming and Scanning book on the ABE/GED shelves).

The tutor should have a working knowledge of at least some of the terms listed in the competency.

The hierarchy in job classification listing was unobtainable at this time.

JPP

COMPETENCY D

PHYSICAL PLANT

Put the number of the description sentence next to the word it matches.

___Contract Year **___Fiscal Year** **___ Calendar Year**

1. A year based on finances of a business.
2. A year based on a personal union contract.
3. A year that is a universal record of keeping months.

___Displacement **___Transfer**

1. Promotions or changes from one job classification to another.
2. Termination of a job in accordance with seniority.

___Discharge **___Layoff**

1. Permanent release of job.
2. Temporary job loss.

___Union Sponsored **___Employer Sponsored**

1. Those activities such as meetings, conferences, workshops, or seminars directed by the Union.
2. Activities for the employee that the employer wishes to organize such as meetings, seminars, or conventions.

___Acquiring Seniority **___Retaining Seniority**

1. After the 720 hour probationary period, an employee would start and continue to gain a certain status.
2. Maintaining correct procedures for days off, and layoff notification, remaining gainfully employed and refraining from conduct which would give cause to be discharged.

COMPETENCY D

PHYSICAL PLANT

Fill in the blanks with the words listed on the wordsearch.

1. Any employee wishing to exercise his/her ________________ ____________________ must notify the employer in writing.
2. A laid-off employee's ______________ is to provide the employer with a current mailing address to which the employer can send the notice to recall.
3. An employer shall not ___________ all job responsibilities exclusively on the subordinate.
4. The Union may appoint one ____________ for each shift who will act for and on behalf of the employees represented.
5. Part-time employment is not ____________ twenty-five hours per week.
6. Once put on a seniority list, all vacation time earned will be _______________ from start of employment.
7. The employer shall provide _________ ____________ to employees to the extent required by law.
8. An employee is entitled to utilize sick leave hours for full sick leave pay if the employee has ___________ hours in their sick leave bank.
9. Each employee with seniority may draw on his/her ________________ sick leave hours in hourly segments.
10. Additional ________________ for step placement will be received on the employee's anniversary of hire as they complete three (3), five (5), and seven (7) years of service.
11. A written notice of disciplinary demotion shall be served _______________ to the employee and the CSEA Union President.
12. Each job position has ______________ that must be met to obtain that position.
13. The Union is the ______________ ______________ agent for all of its eligible employees.
14. The Union is recognized by the employer as the sole and

________________ collective bargaining agent.

15. In the event that any differences shall arise between any employee and the employer, such differences shall be settled by following the ______________ procedure.

16. Seniority shall be lost if an employee fails to return to work after a layoff when ____________.

17. If a full-time employee accepts a layoff, the employee shall be eligible to apply for and receive unemployment benefits in _______________ with applicable law.

18. Union membership shall not _____________ against employees.

19. ________________ shall continue and not be broken when an employee shall be on sick leave or layoff.

20. Blue Cross/Blue Shield and Blue Million insurance include the $5 __________ prescription drug rider.

21. Employees who have been employed for a period of six (6) months or longer shall not receive a disciplinary ______________ without just cause.

22. Twelve month employees shall be _____________ to five (5) personal days off in the contract year.

23. The ____________ of vacation time begins after seniority is obtained.

24. When an employee presents danger to the employer or his fellow employees, the employee may be suspended and the serving of the notice shall be _____________ for a period of two (2) business days.

25. The ability to use seniority to acquire a position is called _________________ _________________.

COMPETENCY D

DIRECTIONS: Find the words listed below in the crossword puzzle. The words will be either horizontal or vertical.

S T E W A R D F G H T C Y C O P A Y C U Y T R F U J O K K M E
G H J A S F R H M L Z Q S O B L I G A T I O N B G D F E R F N
B H J I X L O Y F D A Q F L Z D F H I D I S P L A C E M E N T
A S D V B K J G T I R E W L S F R T Y U J K L F S S X E R G I
N B F E F R Y W W S E T J E X C L U S I V E J Y E R C I A B T
M G R D A Z X L P C R D S C S F R S X R E S F T N D E G J C L
A C C R U A L I D R D N O T I F I E D D T J K Y I Y E T U J E
C F H Y J M D N F I G Y Y I K G F S R E C X A E O S D Q Z D D
C D R Y K R B C Z M A S C V B G F D S X C G T F R F I N J Y E
U D F G Y K B R V I D G J E U K O G D S N M H F I B N F H J M
M F G H T S F E S N H B F B U M P I N G R I G H T S G D G B O
U B F D G K Y M F A F H N A G Y G J L J F G R W Y S D G B H T
L F H Y J M G E C T F B G R G T Y T S U F F I C I E N T B V I
A C C O R D A N C E F G H G F H T D C B M K B V F L O H G F O
T A D C X Z W T R G H N B A G H Q U A L I F I C A T I O N S N
E F B H F D S S D Z M H G I G V G R N U K A Q W A E D S X F N
D D I S A B I L I T Y B E N E F I T S M J Y G D S E G H Y J L
F G H J Y J N D S D W Q A I L I Y N G A S D E F S F R D V D K
R E T R O A C T I V E F G N F G S I M U L T A N E O U S L Y N
E N C U M B E R H J T H J G R I E V A N C E D G T J T N J F D

EXCLUSIVE
STEWARD
GRIEVANCE
ENCUMBER
NOTIFIED
OBLIGATION
ACCORDANCE
DISPLACEMENT
QUALIFICATIONS
BUMPING RIGHTS
SIMULTANEOUSLY
SUFFICIENT

ENTITLED
COLLECTIVE BARGAINING
ACCUMULATED
WAIVED
INCREMENTS
ACCRUAL
DISABILITY BENEFITS
DISCRIMINATE
SENIORITY
EXCEEDING
CO-PAY
DEMOTION

RETROACTIVE

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COMPETENCY D
PHYSICAL PLANT
WORKSHEET

Choose the appropriate type of time off for each situation:

On St. Valentine's Day, you won an all expense paid seven day, six night Royal Caribbean Cruise to the Bahamas in a radio talk show contest. Eligibility requirements state that all national holiday booking dates are excluded and that the expiration date for the prize is December 31st of the current year.

____

Following a month of flu-like symptoms, your doctor says that you are fine but the rabbit died! After five months of grueling pregnancy, you're looking forward to staying home and recovering after the baby is born.

____

Your beloved grandmother who lived down on the farm in Potsdam has passed away. Since you were the favorite grandchild it's expected that you will handle all the funeral arrangements.

____

JPP

COMPETENCY E

PHYSICAL PLANT

Directions: Complete the worksheet using the benefit pamphlets and brochures.

1. What are the ten benefit areas for which an employee is elibible?

1. Retirement
2. Health Ins.
3. Vision Care
4. Dental Care
5. Sick Leave
6. Prescription
7. Tuition Reimbursement
8. Personal Leave
9. Holiday Pay
10. Vacation Pay

2. Retirement Fund (applies to those hired after 1978) [ERS]

Salary X 3% = **Employee** Contribution

A. Try to figure the **Employee** Contribution mentally before using manual computations.

18,700

.03

Estimated Answer = $561

B. Now try to find the precise answer.

18,700 x 3% = $561

Salary — **Employee** Contribution

C. Verify your calculations with a calculator.
Does your answer match the calculated answer? [✓ Yes]/No

estimated income $18,700

3. Health Insurance Premiums

Employee and **Employer** split the cost of health insurance premiums

10% X Premium Cost = **Employee** Contribution

A. Try to figure the **Employee** Contribution mentally before using manual computations.

336.35 Estimated answer = $33.60

B. Now try to find the precise answer.

10% X 336.35 = $33.64
Premium cost **Employee** Contribution

C. Verify your calculations with a calculator.
Does your answer match the calculated answer? [✓ Yes]/No

90% X Premium Cost = **Employer** Contribution

D. Try to figure the **Employer** Contribution mentally before using manual computations.

336.35 Estimated Answer = $303

E. Now try to find the precise answer.

90% X 336.35 = 302.72
Premium Cost **Employer** Contribution

F. Verify your calculations with a calculator.
Does your answer match the calculated answer? [✓ Yes]/No

---

4. Vision Care

Locate the correct source of information in order to determine vision care benefits and list the source in which you found it. CSEA employee benefits pamphlet

A. What is covered by the Vision Care Plan? routine eye exam, 1 pair of eyeglasses or an allowance

How often? 2yrs.

Who is covered? members + dependents

B. What are your two choices when you receive the voucher?

1. panel 2. non-panel

C. Is a co-payment required or is full cost paid at time of examination. Explain. no copay for panel provider; full-cost for non-panel provider with reimbursement

D. What are some restrictions?

1. voucher valid for only 45 days
2. employer can not be covered as employee + dependen
3. does not cover all lens types
4. all portions of the benefit must be billed at one time.

5. Dental Care

A. List the procedures in order to use the Dental Care Plan.

Write down the essential information that you would need to know.

1. pay difference if more than list price
2. any Licensed dentist
3. take dental form with you
4. sign bottom of form after work is complete

any

B. List some of the important pre-authorization of benefits.

1. treatment over $300, must be submitted before work
2. member notified of the benefits payable
3. alternate procedures may be considered
4. exceeding amt – paid by employee

any

C. Make up your own example of a situation using the pre-authorization of benefits section.

D. Read through the schedule of allowances covered and list those that you have used in the past or the services you may need in the future.

1. Oral Surgery (A)
2. Endodontics (B)
3. Fixed Bridges (B)(C)
4. Fillings (A)(C)
5. Dental Radiographs (A)(B)(C)
6. Examination
7. Dental Prophylaxis

any

6. Prescription Drug Plan

A. What do you need in order to use the Prescription Plan?

1.
2.
3.

B. Is there a co-pay? [✓ Yes]/No How much? $8

C. Where can you fill your prescriptions?

D. What is not covered by your Prescription Drug Plan?

1. Drugs that do not require Rx
2. devices
3. Vitamins, fertility drugs
4. Injection of drugs
5.
6.
7.

any

7. Leap Tuition Reimbursement/50% Tuition Reimbursement

A. What is Leap Tuition Reimbursement? Cost of tuition up to $420 for a credit or non-credit course related to workforce need

B. How is it different from 50% Tuition Reimbursement? tuition paid 50% + up to $600 when successful completion of career-related course

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C. What would you do to use the Leap or 50% Tuition Reimbursement? Is there a process you must complete first?

tuition applications: 6 month continuous State Service prior to coursework

---

8. Time

Give examples to the following uses of time on the job.

A. When would you use sick time? death/illness in immediate family, for sickness

B. When would personal leave time be used? no reason; prior approval is required

C. When should vacation time be used? at desired time of employee, to be sensive to needs of dept. or institution

D. Where would each of these be found in the contract?

Vacation time 45-47
Sick leave 47-49
Personal leave 49, 50

---

7. Other

A. Holiday pay

1. What is holiday pay and how is it paid? time off with pay on observed holidays

B. Jury Duty

1. Do you get paid for jury duty and how many days can be

taken with pay?

Pg 92

C. Sick leave with half pay

1. What is sick leave with half pay? How many days can be taken with pay? employee's sick leave, vac. credit, overtime credit, & other accrued credits are exhausted.

2. What would be an example?

D. Death in the family allotment

1. What is this benefit? How many days pay would you be able to get?

2. Who can use it?

E. Using these pay benefits, list situations in which you could not receive benefit pay?

Key

COMPETENCY E

PHYSICAL PLANT

Match the meaning with the correct term.

Word List

seniority
accumulate
premium Cost
separates
enroll
respectively
deductions

allotted a fixed sum
medical release
eligibility
COBRA benefits
reimburse
contribution
probationary period

criteria
sick pool
notification
consecutive
waives
acknowledgment
medical excuse

1. Enlist or join ENROll
2. Amounts of money taken out for specific purposes Deductions
3. The state of being higher in rank Seniority
4. Compensation after payment was made reimburse
5. Singly in the order designated or mentioned respectively
6. A measure, test, or rule (Pl. form) criteria
7. Payment for a special purpose contribution
8. To voluntarily give up, relinquish waives
9. Qualified or entitled to be chosen eligibility
10. Following one after another without interruption consecutive
11. Annual cost for benefits Premium cost
12. Informing notification
13. Continuation of plan coverage through direct pay because of retirement, termination, layoff, leave without pay, or reduction in hours
COBRA Benefits

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Key

14. Recognition of another's authority acknowledgement
15. Active employment for the first 90 working days Probationary Peric
16. Given a specified amount allotted a fixed sum
17. To mount up or gather accumulate
18. Written note from a physician stating reason for absence medical e
19. Employee terminates his/her employment with the company separates
20. Total amount of sick time sick pool
21. Discharge from medical care to return to work medical release

TUTOR TIPS

COMPETENCY E

PHYSICAL PLANT

Working with Vocabulary

Start by discussing five to ten vocabulary terms, depending on the participant's level and ability. If the participant is at a total loss for the meanings of the words, have the student look in the thesaurus or dictionary for a definition that would best fit the context of the word. Then try to have the participant relate the terms to his/her work experiences or any other experiences in which they have encountered the terms. Ask questions like "Have you ever had to have a medical release or medical excuse?" or "How does seniority affect your department or workplace?". Ask questions that will help the participant remember and retain the information learned.

Overview of Available Benefits

Briefly identify all of the benefit areas on the competency before going into each one. Have the participant look through the table of contents to find each benefit and the page numbers. Mention that the benefits are split between the employee and the employer. Also, the costs of benefits are very high if not paid in conjunction with the participants' employer.

It may help to calculate the employee and employer costs in each section side by side on a piece of paper to compare. This would help the participant to understand the total costs of benefits. You may want to go a step further and have them add the employee and employer costs to show that they equal the total costs of the benefit.

Mental Estimations

Be sure to have the participant mentally estimate each benefit calculation. This promotes another type of thinking and learning. If they do not know how to estimate answers, take the participant step by step through the process. Start on paper and slowly work toward being able to mentally figure the answer. Example: Estimate 3/4 X 7164. Explain the process you would do in order to find the estimated answer for this problem. First, round 7164 to an easy whole number. The answer may vary depending on the participant's version of an easy whole number. Some may round to 7165, 7100, or 7200. Then, have the participant write down the number and multiply by 3. Make the next step by dividing the number by 4. Another style may be [$\frac{3}{4} \times \frac{7160}{1}$].

Remember to keep pace with the participant's learning. Only go as slow or fast as he/she can handle.

Tuition Reimbursement

Leap tuition and 50 percent Tuition can be found in the Education and Training Programs pamphlet.

JURY DUTY

Jury duty is found in the Physical Plant Contract, page 92.

*Note: You will need to use the contract for this competency.

COMPETENCY E

PHYSICAL PLANT

Directions: Complete the worksheet using the benefit pamphlets and brochures.

1. What are the ten benefit areas for which an employee is elibible?

1. ____________________ 6. ____________________
2. ____________________ 7. ____________________
3. ____________________ 8. ____________________
4. ____________________ 9. ____________________
5. ____________________ 10. ____________________

2. Retirement Fund (applies to those hired after 1978) [ERS]

Salary X 3% = **Employee** Contribution

A. Try to figure the **Employee** Contribution mentally before using manual computations.

Estimated Answer = ____________________

B. Now try to find the precise answer.

________________ X 3% = ____________________
Salary **Employee** Contribution

C. Verify your calculations with a calculator.
Does your answer match the calculated answer? Yes/No

---

3. Health Insurance Premiums

Employee and **Employer** split the cost of health insurance premiums

10% X Premium Cost = **Employee** Contribution

A. Try to figure the **Employee** Contribution mentally before using manual computations.

Estimated answer = ____________________

B. Now try to find the precise answer.

10% X ____________ = ____________________
Premium cost **Employee** Contribution

C. Verify your calculations with a calculator.
Does your answer match the calculated answer? Yes/No

90% X Premium Cost = **Employer** Contribution

D. Try to figure the **Employer** Contribution mentally before using manual computations.

Estimated Answer = ____________________

E. Now try to find the precise answer.

90% X ____________ = ____________________
Premium Cost **Employer** Contribution

F. Verify your calculations with a calculator.
Does your answer match the calculated answer? Yes/No

---

4. Vision Care

Locate the correct source of information in order to determine vision care benefits and list the source in which you found it. ______________________________

A. What is covered by the Vision Care Plan? _________________
____
____
____

How often? ____________

Who is covered? ____

B. What are your two choices when you receive the voucher?

1. _________________ 2. _________________

C. Is a co-payment required or is full cost paid at time of examination. Explain. __________________________________
____
____

D. What are some restrictions?

1. ____
2. ____
3. ____
4. ____

____

5. Dental Care

A. List the procedures in order to use the Dental Care Plan.

Write down the essential information that you would need to know.

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

B. List some of the important pre-authorization of benefits.

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

C. Make up your own example of a situation using the pre-authorization of benefits section.

____

____

____

____

D. Read through the schedule of allowances covered and list those that you have used in the past or the services you may need in the future.

1. ______________

2. ______________

3. ______________

4. ______________

5. ______________

6. ______________

7. ______________

---

6. Prescription Drug Plan

A. What do you need in order to use the Prescription Plan?

1. ______________________________
2. ______________________________
3. ______________________________

B. Is there a co-pay? Yes/No How much?________

C. Where can you fill your prescriptions? ____________________

____

____

D. What is not covered by your Prescription Drug Plan?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________

---

7. Leap Tuition Reimbursement/50% Tuition Reimbursement

A. What is Leap Tuition Reimbursement? ____________________

____

____

____

B. How is it different from 50% Tuition Reimbursement? ________

____

____

C. What would you do to use the Leap or 50% Tuition Reimbursement? Is there a process you must complete first?

____

____

____

8. Time

Give examples to the following uses of time on the job.

A. When would you use sick time? ______________________

____

B. When would personal leave time be used? ______________

____

C. When should vacation time be used? __________________

____

D. Where would each of these be found in the contract?

Vacation time __________

Sick leave __________

Personal leave __________

7. Other

A. Holiday pay

1. What is holiday pay and how is it paid? ______________

____

B. Jury Duty

1. Do you get paid for jury duty and how many days can be

taken with pay? ______________________________

____

C. Sick leave with half pay

1. What is sick leave with half pay? How many days can be taken with pay? ______________________________

____

2. What would be an example? ______________________________

____

D. Death in the family allotment

1. What is this benefit? How many days pay would you be able to get? ______________________________

____

2. Who can use it? ______________________________

E. Using these pay benefits, list situations in which you could not receive benefit pay?

____

____

____

____

____

____

____

____

____

COMPETENCY E

PHYSICAL PLANT

Match the meaning with the correct term.

Word List

seniority
accumulate
premium Cost
separates
enroll
respectively
deductions

allotted a fixed sum
medical release
eligibility
COBRA benefits
reimburse
contribution
probationary period

criteria
sick pool
notification
consecutive
waives
acknowledgment
medical excuse

1. Enlist or join
2. Amounts of money taken out for specific purposes
3. The state of being higher in rank
4. Compensation after payment was made
5. Singly in the order designated or mentioned
6. A measure, test, or rule (Pl. form)
7. Payment for a special purpose
8. To voluntarily give up, relinquish
9. Qualified or entitled to be chosen
10. Following one after another without interruption
11. Annual cost for benefits
12. Informing
13. Continuation of plan coverage through direct pay because of retirement, termination, layoff, leave without pay, or reduction in hours

14. Recognition of another's authority
15. Active employment for the first 90 working days
16. Given a specified amount
17. To mount up or gather
18. Written note from a physician stating reason for absence
19. Employee terminates his/her employment with the company
20. Total amount of sick time
21. Discharge from medical care to return to work

SUNY Brockport, a unit of the State University of New York is a coeducational liberal arts college supported by public funds. It is a comprehensive college of arts and sciences offering integrated and balanced programs in the arts, humanities, social sciences, sciences, and professional studies at both the baccalaureate and the master's level, as well as certificate programs in selected professional areas.

The campus occupies a 591-acre site with 60 buildings and playing fields occupying about one-quarter of this area. The campus is located at the Village of Brockport's western edge (also the western edge of Monroe County), where stores, shopping plaza, churches, and restaurants are within walking distance.

The State University of New York College at Brockport does not discriminate on the basis of race, gender, religion, national origin, disability, marital status, sexual orientation, or status as a Vietnam-era veteran in admission, employment, and treatment of students and employees.

Personnel Office
State University of New York
College at Brockport
Brockport, New York 14420
716-395-2126

An Equal Opportunity Employer

SUNY College at Brockport

Benefits at a Glance

SUNY BROCKPORT

As an employer, SUNY College at Brockport is strongly committed to you and your personal welfare. This commitment is evidenced through a comprehensive benefits package which adds approximately 30 percent to your total compensation. This benefits summary for full-time and eligible part-time employees will help you understand the many ways we help you throughout the year. (Benefits may vary according to bargaining units.)

Dental, Vision and Prescription Drug Programs

Dental, vision care and prescription drug coverage are provided through membership in one of the Public Employers Benefit Funds. To receive this benefit you must be eligible for Health Insurance. The Dental Program pays for most routine procedures when using a participating provider. The Vision Care Program provides an eye exam and glasses once every 24 months when purchased from a participating provider. Both programs provide a reimbursement according to a schedule of allowances when using non-participating providers. Prescription drug purchases require a $5.00 co-payment at all participating pharmacies.

Health Insurance

Employees may select a health insurance option from among a variety of health insurance plans including HMOs. The Empire Plan provides hospitalization coverage through Blue Cross and medical/major medical coverage through Metropolitan Life Insurance Company. There are a variety of Health Maintenance Organizations (HMOs) available depending upon your county of residence. New York state pays a substantial portion of the premiums for the health insurance coverage an employee selects. The difference, if any, between the state's contribution and the premium for the selected option is paid by the employee through payroll deduction.

Retirement Plans

All full-time employees are required to join a retirement plan. Three plans are available: New York State Teachers Retirement (TRS), New York State & Local Employees' Retirement System (ERS), and Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF). Full-time classified service employees may only join ERS. Part-time employees have the option of joining or not joining a retirement plan. Part-time employees are only eligible to join either ERS or TRS depending upon their bargaining unit, except that part-time professional staff serving on term appointments are eligible to participate in the optional retirement program. New employees normally will be required to contribute three percent of their salary on a tax-sheltered basis to a retirement system.

Optional Benefits

Optional Benefits and privileges are: Long-term disability program (professional staff only), tax-deferred annuities, direct deposit of pay checks, savings bond deductions and membership in the Rochester Area State Employees Federal Credit Union. Other benefits available through the various bargaining units are: life insurance plans, group automobile insurance, group home owners insurance and discount purchasing programs. Discounts are available in the Personnel Office on admission tickets to recreational parks and complexes such as Darien Lake Amusement Park, Canada's Wonderland, and Disney World through the College's membership in the Rochester Area Recreation and Employee Services Association.

Social Security

All full-time and part-time employees are enrolled and protected by Social Security from the first day of employment.

Unemployment Insurance

All employees are covered by New York State Unemployment Insurance.

Workers' Compensation

All employees are protected by Workers' Compensation Insurance, which pays for lost time and medical expenses for work-related injury, illness, or disability.

Holidays

Calendar-year and college year employees are eligible to observe holidays. Some may be designated as floating holidays.

Vacation

The State provides vacation leave accrual benefits for eligible employees. Accumulation and use of these credits are governed by bargaining unit and length of service.

Sick Leave

The State provides sick leave accrual benefits for eligible employees as protection against the loss of income during times of illness or disability.

Employee Assistance Program

SUNY Brockport's Employee Assistance Program provides confidential screening and referrals for both personal and family concerns. These services are available by contacting the EAP Coordinator (395-2305 or 395-5332).

Environmental Health and Safety

It is the College's objective to provide a safe and healthy environment on all the grounds and in all facilities under the jurisdiction of the College for all persons affiliated with the College including employees, students, and other publics served.

Tuition Assistance

Staff who wish to take courses within SUNY may receive tuition assistance through a variety of programs depending upon bargaining unit.

Union Dues/Agency Shop Fee

Although membership is not mandatory, the State University system is an agency shop which means that all employees represented by a bargaining unit must pay either union dues or agency shop fee. These fees vary according to bargaining unit.

Use of Facilities

SUNY Brockport is fortunate to have fine educational and recreational facilities available to employees and their dependents. Recreational facilities include several gymnasiums, swimming pools, a gymnastics gym, a nautilus and weight training facility, and tennis, racquetball and handball courts. A modest annual fee for either individual or family membership is charged for the use of these facilities. Other facilities of interest are: Drake Memorial Library and conference, banquet and dining facilities.

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CSEA CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.

TUITION REIMBURSEMENT PROGRAM

1991–1995

- ★ Administrative Services
- ★ Institutional Services
- ★ Operational Services
- ★ Division of Military and Naval Affairs

The Civil Service Employees Association and the State of New York firmly support and encourage the individual initiatives of State employees to enhance their skills, better their career opportunities and improve their work performance.

This program is a CSEA negotiated employee benefit.

Overview of the Program

The CSEA Tuition Reimbursement Program provides financial assistance to CSEA-represented employees who seek to improve their skills, job performance and career advancement opportunities by enrolling in various credit and non-credit educational programs. Upon successful completion of career-related coursework, eligible employees are entitled to reimbursement of a designated percentage of the costs incurred. This program was implemented to financially assist employees represented by CSEA in expanding their knowledge, improving their skills, and enriching their careers in State government. The program is a negotiated benefit funded under Article 14 of the 1991-95 State/CSEA Agreements covering the training and development of ASU, ISU, OSU and DMNA employees.

Highlights of the CSEA Tuition Reimbursement Program include the following:

1) **Although the current contract covers the period of April 1, 1991 through March 31, 1995, no retroactive tuition reimbursement is available for fiscal year 1991-1992 (April 1, 1991 through March 31, 1992).**
2) Courses of study which commence during the period April 1, 1992 through March 31, 1995 are covered by this program.
3) Employees working half-time or more are eligible for 50 percent reimbursement of covered tuition expenses up to a maximum of $600 for fiscal years 1992-94 (April 1, 1992 through March 31, 1995). Employees who work less than half-time are eligible for 25 percent reimbursement of covered tuition expenses up to $300 maximum reimbursement for fiscal years 1992-94 (April 1, 1992 through March 31, 1995).
4) Courses of study which are evaluated as "job/career-related" are eligible for reimbursement, subject to the availability of funding.
5) Tuition fees for both credit and non-credit career-related courses of study are reimbursable expenses.
6) A simple two-step procedure is all that is required to make application and request payments.

Program Coverage Period

These guidelines apply to courses of study during the period April 1, 1992 through March 31, 1995. Reimbursements are subject to the availability of appropriated funds.

Application Forms and Procedures

1) Employees must apply for reimbursement using the official Tuition Reimbursement Applications (Forms CSEA 101 and CSEA 102).
2) Applications are available from the agency/facility Staff Development or Personnel Officer or the CSEA Local President or designee.
3) The application procedure is a 2-step process:
   A) Form CSEA 101 is a pre-application which is submitted when the employee is registered for coursework and provides the employee with almost immediate information regarding the determination of coursework career-relatedness.
   B) Form CSEA 102 is filed at the completion of coursework along with the proof of tuition payment and a certificate of satisfactory course completion.
4) It is the employee's responsibility to justify the job/career-relatedness of his/her coursework on the application form. The justification is the basis by which the agency/facility Staff Development or Personnel Officers make their determination on coursework job/career-relatedness.
5) Employees who disagree with their rating determination have the right to appeal the determination (See Tuition Reimbursement Review Procedure).

Reimbursement Rates/ Total Maximum Reimbursement

For employees working half-time or more, appropriate covered tuition expenses will be reimbursed at the rate of 50 percent for courses of study evaluated as "job/career-related", up to a maximum of $600 for fiscal years 1992-1994 (April 1, 1992 through March 31, 1995). Appropriate covered tuition expenses for employees working less than half-time will be reimbursed at a rate of 25 percent up to a maximum of $300 for fiscal years 1992-1994 (April 1, 1992 through March 31, 1995).

Career-Related Coursework Defined

Career-related courses are those which:

1) Increase the employee's opportunity for advancement within his/her title series; or
2) Increase the employee's opportunity for advancement to positions to which he/she may compete on a promotional basis; or
3) Are courses in a subject area requirement of a career-related degree program for which the employee is a matriculated student; or
4) Enable the employee to acquire those knowledges, skills or abilities for which there exists a need in State service.

Credit or non-credit recreational, hobby or personal interest courses of study, whether required for a degree program or not, will not be eligible for reimbursement under this program.

Job-related courswork is defined as those courses which are directly related to the employee's current job.

Covered Tuition Expense

Both credit and non-credit coursework are covered tuition expenses. Appropriate charges include tuition and course costs for college courses, BOCES programs, external degree programs, nonresidential college degree programs, proficiency exams, correspondence courses and refresher courses offered by accredited institutions.

For the employee's coursework to be considered for reimbursement, the institution, school or organization providing the course or program **must** either be:

A) Chartered or approved by the New York State Board of Regents or, is authorized by their Board to confer a degree; or
B) Licensed or registered by the New York State Education Department; or
C) Licensed, registered or approved by a Department or Agency of the State of New York to provide the specific course(s) of instruction for which the employee seeks reimbursement.

Individual college registration fees of up to $75 and lab fees of up to $40 in each fiscal year are considered covered tuition expenses.

Exclusions, Restrictions and Limitations

Covered tuition expenses do not include meals, lodging, transportation, student activity fees, health service fees (either mandatory or optional), dues and organization fees, professional licensing fees, books and supplies or other expenses indirectly or incidentally related to the educational experience.

Employees must seek tuition reimbursement through their agency or facility before applying for reimbursement to this program.

Prior to submitting an application for this program, employees are expected to investigate and apply for all available alternative tuition assistance sources for which they are eligible. Alternative sources include agency funds, the Tuition Assistance Program (TAP), Labor Education Action Program (LEAP), Pell Grants, Veterans Administration Educational Benefits (GI Bill) and college stipends. Information about these programs is available from the college/university financial aid officers and agency/facility employee relations and/or staff development and training officers.

Employees receiving supplemental tuition assistance from any other source must report it and the amount on the application form. The amount will be subtracted from their covered tuition expenses prior to computing the amount of tuition reimbursement. Employees who fail to report such supplemental tuition assistance sources and their amounts on the application will be requested to return the reimbursement award and will face possible exclusion from future reimbursement program participation.

Tuition reimbursement applications will **not** be accepted which result in reimbursement of $10 or less.

Employee Eligibility Criteria

Employees must have six (6) months continuous State service immediately prior to commencing coursework and be in the ASU, ISU, OSU or DMNA negotiating unit at course completion to qualify for reimbursement. Employees on a full-time, unpaid leave of absence or seasonal employees are not eligible to apply for tuition reimbursement.

Application Submission and Course Completion

The application procedure is a two-step process:

1) Once registered for coursework, the employee must complete one set (original and three (3) copies) of Part 1 of the Tuition Reimbursement Application Form (CSEA 101) and submit it to his/her agency/facility Personnel or Staff Development Officer. Within ten (10) working days of receipt of the form, the agency/facility rating officer must render a determination on the job/career-relatedness of the coursework and return one copy of the form with his/her determination to the employee. The original and one copy of the form should be sent directly to the Tuition Reimbursement Processing Unit, Corning Tower, 23rd Floor, Albany, NY 12223 by the agency/facility rating officer. In the event the employee does not receive notice of determination on course relatedness within the ten-day period, he/she should directly contact the Tuition Processing Unit for assistance.
2) Upon conclusion of the coursework, the employee completes Part 2 of the Tuition Reimbursement Application Form (CSEA 102). The employee submits the original and one copy to the Tuition Reimbursement Processing Unit along with proof of payment **(original copy required)** and a certificate of satisfactory course completion. If a satisfactory course completion certificate is not routinely issued, a letter on the educational organization's letterhead stating that the employee satisfactorily completed the coursework and indicating the date of completion is acceptable. Employees must submit the Tuition Reimbursement Application Form within 30 days following receipt of information on the rate or amount of reimbursement the employee received from other sources.

Tuition Reimbursement Review Procedure

An appeal procedure is available to employees who believe they have received disadvantageous tuition reimbursement program treatment. Appeals should be submitted to the Tuition Reimbursement Processing Unit for review by a CSEA Tuition Reimbursement Review Committee.

Grounds on which employees may request a review include: an incorrect rating given to a particular training program, course or degree program (e.g., career-related or job-related); submission of applications beyond filing date deadlines; disagreement as to payment amount or rejection due to deliberate misstatement or processing problems.

Employees must submit their appeal as a letter, and it should include the following information: the employee's full name, social security number, address, work and home telephone numbers; the reason(s) for the review request in detail; a copy of the initial Tuition Reimbursement Application and copies of any other relevant support data. The employee must state what resolutions are being sought. The Committee will make its decision based upon a review of the written record as submitted.

Tuition Reimbursement Processing Unit
Corning Tower Building, 23rd Floor
Empire State Plaza
Albany, New York 12223
(518) 474-7176

Comp E
Normal deds = 15 pay periods

MONTHLY HEALTH INSURANCE COST

BLUE MILLION:

		Current P/R amt
Single	$202.22	53.39
Family	$428.10	113.02

BLUE CHOICE:

Single	$126.93
2Person	$291.93
Family (no spouse)	$319.59
Family	$336.35

COMPREHENSIVE PLUS:
$100.00 deductible for single
$250.00 deductible for 2person, and family

Single	$113.71
2Person	$261.51
Family	$301.31

* note: use these figures as examples to use in the formulas. Not all Health benefit costs were available.

BEST COPY AVAILABLE

Key

COMPETENCY F

PHYSICAL PLANT

	Community Blue	Independent Health	Blue Choice	Preferred Care
Doctor's Care	$5, office visits Gyn, well baby $5 Specialist	$5, office visits well-baby, allergy testing	$5, allergy tests, office visits, physical exams, well child visits	Ob/Gyn $5 office Specialist $10 well-child N/C
Hospital In/Out Patient	unlimited days Surgery, lab, x-ray, chemo, radiation	$35 co pay ambulance Inpatient care surgery, hospice	unlimited days physician	unlimited days physician/surgeon x-ray, lab, chemo, radiation, drugs
Routine Care	See doctor's care	see doctor's care	See doctor's care	Adult & child care N/C
Maternity Care	up to 30 days covered in full	pre/post natal hospital services obstetrical services	office visits, hospital care, delivery room, newborn nursery	pre/post-natal Hospital care newborn nursery
Mental Health Care	In - up to 30 days Out - 30 visits, first visits full coverage	In - up to 30 days Out - 30 visits	up to 30 days 30 visits out 50% covered per visit	In up to 30 days Out - up to 40 days 1st visit $10, 50% after for Out
Alcohol/Substance Abuse	In - Up to 30 days Out Up to 60 days covered in full	Out $25 co pay In - Up to 30 days	30 days in 60 days out	$10 per visit - Out In Up to 30 days Out Up to 60 days
Vision Care	$5 every 2yrs	eye exams not covered	eye exam $40 (every 2 yrs) $40 toward glasses or contacts	$10 every 2yrs
Prescription	$3 co pay	See representative	See representative programs I, II & III	See representative
Health & Wellness	health education classes	See representative	Courses in nutrition, smoking, stress management YMCA membership	Courses relax, smoking, weight, foods $5 per session fitness centers
Extended Benefits	prosthetics home health care medical equip. 20% Diabetic supplies 20%	prosthetics medical appliances Diabetic supplies 20% Home health care $5	external prosthetics medical equipment prescriptions	20% prosthetics medical equipment

Note: Consult health benefits in Competency G file to fill the chart.

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COMPETENCY F

PHYSICAL PLANT

	Community Blue	Independent Health	Blue Choice	Preferred Care
Doctor's Care				
Hospital In/Out Patient				
Routine Care				
Maternity Care				
Mental Health Care				
Alcohol/Substance Abuse				
Vision Care				
Prescription				
Health & Wellness				
Extended Benefits				

Note: Consult health benefits in Competency G file to fill the chart.

Key

COMPETENCY G

PHYSICAL PLANT

1. Why must an insurance claim form be completed accurately?
for reimbursement or coverage purposes

2. How do you know which form is the correct one to complete?
the title of the form and type of information needed - if really unsure, contact your personnel department

3. How can you tell if the payment will go to you or the provider?
by reading the form or asking the insurance carrier

Practice filling out claim forms by completing the accompanying Dental Claim Form. Once you have completed the form, answer the following questions.

1. When should you sign the form? after service is completed

2. There are six parts to the Dental Form. Which parts are filed out by you? part 1 and sign part 5

3. How long can you wait before sending in this form after treatment is completed? within 30 days

4. The dentist tells you that treatment will cost $450.00, can you still use this form? no, must have pre-determination of benefits in excess of $200.

COMPETENCY G

PHYSICAL PLANT

This competency requires that the participant be able to accurately complete an insurance claim form.

The first major objective is for the participant to understand why the claim form must be completed accurately. In general, if the claim form is not accurate, the participant will not be able to receive compensation for bills paid. Also, the correct form should be completed depending on what services are needed or have been provided. That is, if the participant has seen a doctor and has been given a prescription he/she needs to be able to fill out the form specific to prescription reimbursement.

It may be important for the tutor to relate to the participant, if they do not already realize it, that certain forms will bring payment directly to them while others will direct the payment to the provider (i.e., the dentist). For example: The Dental Claim Form provided in the competency packet will direct the payment to the dentist and not the participant. The way to find this out is by reading the form or asking the insurance carrier.

Another subskill of completing and mailing insurance forms is knowing when receipts need to be included and when they need to be kept. In general, unless otherwise specified on the form, the participant should keep the receipts when they pay for services before being reimbursed. If there are any questions about when to keep or send receipts, the participant is advised to call their insurance carrier.

The second major objective is for the participant to be able to complete the personal data requested on most insurance forms. All forms, unless otherwise specified, must be filled out using blue or black ink. Writing in red pen or pencil is not allowed because carrier personnel may use red pen somewhere on the form and pencil can easily be erased.

All forms must be completed in a legible manner and so, depending on the participant's level, their writing should be reviewed. If it is not readily readable they should be allowed practice time to improve their script.

Some claim forms require that the participant fill out certain areas but not others. It is up to the participant to read the instructions, paying attention to words indicating which areas to complete, as well as boldface print, different color typeset, and borders around different sections. For example: on the Dental Claim Form mentioned earlier--the original-- the participant can see that there are red and blue areas. Reading the directions, the participant should realize that the red areas are those they should complete and the blue areas will be completed by the dentist office personnel.

The third major objective is for the participant to review all information recorded to verify whether or not it is correct. This entails a review of the form once it has been completed, or "double checking". One way to assess whether or not the participant is doing this is to give them a completed claim form, asking them to find any mistakes.

COMPETENCY G

PHYSICAL PLANT

1. Why must an insurance claim form be completed accurately?

2. How do you know which form is the correct one to complete?

3. How can you tell if the payment will go to you or the provider?

Practice filling out claim forms by completing the accompanying Dental Claim Form. Once you have completed the form, answer the following questions.

1. When should you sign the form?

2. There are six parts to the Dental Form. Which parts are filed out by you?

3. How long can you wait before sending in this form after treatment is completed?

4. The dentist tells you that treatment will cost $450.00, can you still use this form?

INSTRUCTIONS:

1. COMPLETE ALL INFORMATION.
2. ENCLOSE PRESCRIPTION(S).
3. IF YOUR PRESCRIPTION(S) IS FOR A BRAND NAME DRUG THAT HAS A GENERIC EQUIVALENT, BUT YOUR PHYSICIAN HAS NOT AUTHORIZED A SUBSTITUTION, PLEASE ENCLOSE YOUR PAYMENT FOR THE DIFFERENCE IN COST BETWEEN THE BRAND AND GENERIC, OR AUTHORIZE TO CHARGE YOUR CREDIT CARD IN THE SPACE BELOW.
4. TO DETERMINE THE AMOUNT TO ENCLOSE CALL NRx AT THE TOLL-FREE NUMBER BELOW.
5. FOR PAYMENT: MAKE CHECKS PAYABLE TO NRx SERVICES OR COMPLETE CREDIT CARD INFORMATION BELOW.

IF YOU NEED HELP OR HAVE ANY QUESTIONS,
CONTACT NRx'S CUSTOMER SERVICE DEPARTMENT.

TOLL FREE NUMBER 1-800-445-9707

CSEA
EMPLOYEE BENEFIT FUND

☐ TEMPORARY ADDRESS THIS ORDER ONLY
☐ PERMANENT ADDRESS CHANGE

PAID CARD NO. ☐☐☐☐☐☐☐ – ☐☐☐☐☐ – ☐☐☐☐ (number appears on plastic PAID ID CARD)

EMPLOYEE NAME ____________________

ADDRESS ____________________ CITY ____________________ STATE __________ ZIP __________

DR. NAME ____________________ DR. PHONE NO. (______) Area Code ______________ YOUR DAYTIME PHONE NO. (______) Area Code ______________

PLEASE COMPLETE IF YOU WOULD LIKE YOUR CREDIT CARD BILLED

CREDIT CARD # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAYMENT METHOD

☐ Check (Payable to NRx Services, Inc.)
☐ Money Order or Cashier's Check
☐ VISA ☐ MASTERCARD

Expiration Date ____/____/____

____
Cardholder Signature

	NAME OF PATIENT(S) FOR WHOM A PRESCRIPTION IS ENCLOSED	BIRTHDATE			PATIENT IS				
		MO	DAY	YR	SELF	SPOUSE	CHILD	MALE	FEMALE
1									
2									
3									
4									

I authorize release of all information to plan administrator, underwriter, sponsor, policy holder and employer. If my doctor has not required a brand name, I approve dispensing a generic equivalent as permitted by law.

____
Employee Signature

STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

C2054-583 (rev. 4/83)

ART I APPLICATION: Please complete PART I ONLY. Forward 4 copies to the appropriate officer at the campus where you are employed. Retain the fifth copy (goldenrod) for your records. (Separate applications to be made for each semester).

Disclosure of Social Security numbers is voluntary and is used in processing student applications for tuition assistance. Authority to solicit Social Security number has been established under Section 355 of the Education Law of the State of New York.

1. Applicant's Name ______________________ 2. Social Security Number ______________________

3. Campus Where Employed ______________________ 4. Payroll Title ______________________

5. Present Employment Status (Check one) ☐ Research Foundation Employee ☐ Community College Employee ☐ University Employee (State Payroll)

A. To be completed by University employees on State Payroll only.

Negotiating Unit: (Check one) ☐ 01 Security ☐ 02 Administrative ☐ 03 Operational ☐ 04 Institutional ☐ 05 PEF ☐ 06 M/C Classified ☐ 08 UUP ☐ 13 M/C Professional ☐ Other (define) ______________________

6. Highest Degree Earned ______________ 7. Name of Instructing Campus ______________________

8. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (reason for taking below listed courses).

9. LIST COURSES FOR WHICH APPROVAL IS REQUESTED BY THIS APPLICATION:
(Approval of this request for SUNY tuition may justify a refund if tuition has already been paid. Laboratory and/or instructional fees may be included. College Fee, Student Activity Fee and other non instructional fees are not allowed.)

Course Name(s)	Catalog Number	Semester and Year	Credit Hours	Cost of Each Course	% of Support Requested	Amount of SUNY Assistance Requested for Each Course ($ Total)
1.						
2.						
3.						

10. I HEREBY APPLY FOR TUITION (AND FEE IF APPLICABLE) ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY PRESENT POSITION. I UNDERSTAND THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR TUITION WAIVER.

______________________ Signature of Applicant ______________ Date

PART II. To Be Completed by Appropriate Officers at Employing Campus:

Complete Part II and

If instruction will be given at employing unit proceed with campus internal policy for Part III approval.

If instruction will be given at another SUNY unit, forward 3 copies to instructing unit.

1. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director) 12. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE:

______________ Authorized Signature ______________ Date ______________ Authorized Signature ______________ Date

3. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:

Application Approved for _____% level of support for a total amount of $__________ to be waived

Application Disapproved because ______________________

______________________ Authorized Signature ______________ Date

(pink copy to be utilized for employing unit pending copy)

ART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and Forward 2 copies (white and green) to employing campus (yellow copy retained by Student Accounts Office of instructing campus)

☐ Application approved. Total Amount Waived $__________
(Itemize Charges Waived Below and Explain Amended Dollar Amounts #13)

☐ Disapproved as submitted because

______________________ Authorized Signature ______________ Date

PART IV. Employing campus final action — Record disposition of application and distribute Affirmative Action Copy (green) per internal procedures.

CSEA
EMPLOYEE
BENEFIT FUND

CSEA-EBF ENROLLMENT FORM

See reverse for instructions

1 EMPLOYEE
LAST NAME FIRST NAME MIDDLE INITIAL

2 EMPLOYEE SOCIAL SECURITY NUMBER

3
HOME ADDRESS CITY/TOWN STATE ZIP CODE

4 NEW ADDRESS? YES ☐ NO ☐

5 MALE ☐ FEMALE ☐

6 DATE OF BIRTH MONTH DAY YEAR

7 DATE OF MARRIAGE MONTH DAY YEAR

8 SPOUSE'S SOCIAL SECURITY NO

9 NAME OF SPOUSE'S EMPLOYER

10 ADDRESS OF SPOUSE'S EMPLOYER
STREET CITY/TOWN STATE ZIP CODE

11 IF ENROLLMENT IS FOR DENTAL, DOES SPOUSE HAVE OTHER COVERAGE? YES ☐ NO ☐

12 IF QUESTION #11 WAS CHECKED YES,
INDICATE NAME OF OTHER PLAN

13 LIST BELOW SPOUSE AND ELIGIBLE DEPENDENTS

LAST NAME	FIRST NAME	CHECK (X) RELATIONSHIP					DATE OF BIRTH		
		WIFE	HUSBAND	SON	DAUGHTER	OTHER	MO	DAY	YEAR

14 I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT SIGNATURE OF EMPLOYEE DATE

CSEA
EMPLOYEE
BENEFIT FUND

INSTRUCTIONS FOR COMPLETING CSEA-EBF ENROLLMENT CARD

- Complete all applicable items in full.
- Include Apartment Number, if appropriate, and zip code.
- Definition of Dependents:
  - **SPOUSE** provided he or she is not legally separated from you.
  - **CHILDREN** who are:
    - Dependent, unmarried and under 19 years old.
    - Legally adopted.
    - Stepchildren who permanently live with you.*
    - Supported by you or your spouse who permanently reside with you pursuant to a court order awarding legal guardianship, providing that guardianship commenced before the child reached age 19.*
    - Incapable of self support, regardless of age, by reason of mental or physical disability and who became so disabled before reaching age 19.*
  - **STUDENTS** who are:
    - Under 25.
    - Full-time (at least 12 undergraduate credit hours or 6 graduate credit hours).
    - Enrolled in a regionally accredited college or university and working towards a formal college degree such as BA, BS, AAS, etc. Technical courses for short duration, even if diploma is awarded, do not meet this requirement.
    - Providing the Fund with **CURRENT** proof of student status as **REQUIRED ANNUALLY.** Obtain a letter or statement from the Registrar's Office at the college or have the Fund's Student Status Form completed.*

* Special form must be submitted. Contact Fund office for forms.

- **IMPORTANT: EMPLOYEE** must date and sign form.

P.O. Box 11-150, Albany, New York 12211 518-463-4555 800-323-2732

IMPORTANT - YOU MUST ENROLL TO RECEIVE BENEFITS

CSEA TUITION REIMBURSEMENT PROGRAM
ASU, OSU, ISU, DMNA
TUITION REIMBURSEMENT APPLICATION FORM
PART 2 — REIMBURSEMENT COMPUTATION

CSEA 102 (Rev. 1/90)

PART 2

- This form is to be completed upon conclusion of the course. Use a separate form for each course for which reimbursement is sought. Refer to the instructions on the reverse.

1 A. EMPLOYEE IDENTIFICATION *(Employee completes)*

1 Name ______ LAST ______ FIRST ______

2 Social Security No ☐☐☐-☐☐-☐☐☐☐

3 Line No ☐☐☐☐☐ (From employee paycheck stub)

4 Bargaining Unit (Check One)
☐ (02) Administrative Services ☐ (03) Operational Services ☐ (04) Institutional Services ☐ (47) DMNA

5 Civil Service job title ______

6 Civil Service salary grade ______

7 Agency code ☐☐☐☐☐ (From employee paycheck stub) Facility ______

8 Work phone ( ) ______

9 Home address ______ STREET ______ CITY ______ STATE ______ Zip ☐☐☐☐☐

10 Home phone ( ) ______

11 Date of last entry into State service ☐☐ MO ☐☐ DAY ☐☐ YR

12 Time worked - check one ☐ Full time ☐ Part time, half time or more ☐ Part time, less than half time

B. COURSEWORK IDENTIFICATION *(Employee completes)*

NAME OF EDUCATIONAL ORGANIZATION CONDUCTING THE COURSE

13 Name ______

Street ______ City ______ State ______ Zip ☐☐☐☐☐

14 Course title ______ Course # ☐☐☐☐☐☐☐☐☐☐

15 Starting date ☐☐ MO ☐☐ DAY ☐☐ YR

16 Ending date ☐☐ MO ☐☐ DAY ☐☐ YR

2 OTHER EDUCATIONAL ASSISTANCE *(Do **NOT** include loans)*

16 Have you applied for any other type of tuition assistance to pay for this course? ☐ YES ☐ NO

17 Have you received or been approved to receive any other type of assistance to pay for this course? ☐ YES ☐ NO

Amount ______

18 Is the Agency, organization or facility for which you work paying for any portion of the costs of this course?
☐ YES ☐ NO Amount ______

3 TUITION EXPENSE CALCULATION *(Employee completes)*

Processing Unit Use

19 Tuition expense for this course ______

20 Allowable fees ______

21 Total expense for this course (line 19 + 20 =) ______

22 Any misstatement on this application may be grounds for exclusion from future reimbursement program participation. I certify that the above information is true and correct.

Employee Signature ______ Date ☐☐ ☐☐ DAY ☐☐ YR

CSEA 102 (Rev. 1/90)

INSTRUCTIONS — PART 2

GENERAL INSTRUCTIONS

A. Upon conclusion of coursework, employees must complete this form for EACH course for which reimbursement is sought.

B. Please type or print in ink. All required information must be supplied. Illegible, incomplete or incorrect applications will not be processed.

C. If you are receiving any supplemental educational assistance, you must check the source and enter the amount.

D. In Item No. 19 and 20, enter the appropriate dollar amounts of covered tuition expenses and allowable fees and compute the TOTAL REIMBURSEMENT AMOUNT in Item No. 21.

E. Sign and date the application in ink.

F. The original and one (1) copy ofthe form must be forwarded to the Tuition Reimbursement Processing Unit, Corning Tower, 23rd floor, Albany, N.Y. 12223. Attached to the form must be the following documents: proof of tuition payment (original copy required) and a certificate of satisfactory course completion. Send one (1) copy to your Agency/Facility Staff Development or Personnel Officer and retain one (1) copy for your records.

G. This form and the required attachments must be submitted within 30 days following receipt of the course completion certificate or 30 days following receipt of information on the rate or amount of reimbursement received from other sources. Applications received after the 30 day limit must state a substantive reason for late submission or they may be rejected.

'ew York State and Local Retirement Systems
mployees' Retirement System
'olice and Fire Retirement System

Gov. Smith State Office Building, Albany, New York 12244

Designation of Beneficiary
with Contingent Beneficiaries

RS 5127
(Rev. 12/87)

se PRINT all entries and submit both copies of this form.
er review, a copy will be returned for your records.
PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS.

For Office Use Only	
☐ **Acceptable** Retain this copy for your records.	☐ **Unacceptable** See reverse side for explanation. A new form is enclosed. Please complete & return.

istration Number ______________________

Name ______________________ Social Security Number ______________________

H ne Address ______________________ Former Name ______________________

City, State ______________ Zip Code ______ Date of Birth ______________________

he Comptroller of the State of New York.

ignation of Primary Beneficiary(ies)

I hereby name the following beneficiary(ies) to receive any ordinary death benefit payable on my behalf. I realize that if a death benefit is payable for h the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

1 Name ______________________
R tionship ______________ Birth Date ______________
Address ______________________

2 lame ______________________
Relationship ______________ Birth Date ______________
ress ______________________

ame ______________________
Relationship ______________ Birth Date ______________
Address ______________________

4 Name ______________________
Relationship ______________ Birth Date ______________
Address ______________________

5 Name ______________________
Relationship ______________ Birth Date ______________
Address ______________________

6 Name ______________________
Relationship ______________ Birth Date ______________
Address ______________________

ignation of Contingent Beneficiary(ies)

the above named beneficiaries die before I do, any ordinary death dit, payable on my behalf shall be paid to the following. I realize that if a death benefit is payable for which the beneficiaries are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share any benefit equally. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change this designation at any time.

ame ______________________
tionship ______________ Birth Date ______________
Address ______________________

2 Name ______________________
ionship ______________ Birth Date ______________
ess ______________________

3 Name ______________________
Relationship ______________ Birth Date ______________
Address ______________________

4 Name ______________________
Relationship ______________ Birth Date ______________
Address ______________________

______________________ Member's Signature ______________ Date

Employed By: ______________ Street ______________ City ______________ State ______________ Zip Code

ACKnowledgement
Completed by a Notary Public

of ______________________ ss:
County of ______________________

s ______ day of ______________, 19 ______ before me personally appeared ______________________

e known and known to me to be the same person described in and who executed the foregoing instrument, and ______ he duly acknowledged to me that ______ he executed the same.

______________________ **Notary Public (Please affix stamp)**

BEST COPY AVAILABLE

CSEA
EMPLOYEE
BENEFIT FUND

REQUEST FOR VISION BENEFIT VOUCHER/CLAIM FORM

P.O. Box 11-156
Albany, New York 12211

- You and your dependents must already be enrolled in the Vision Care Plan or submit a completed enrollment.
- If you are requesting a Vision Care Voucher for more than one eligible person in your family, please use a separate request form for each request.
- Please print clearly. Be sure your social security number, name and address are entered accurately. Any errors will cause a delay in processing your request.

This Section is for Employee Information. Please Print Clearly.

Social Security No.

Last Name First Name

Number and Street Address City and State Zip Code

☐ I have previously enrolled in the Vision Care Plan
☐ My enrollment card is included with this request

This Section is about the Person for whom the Vision Care Voucher is being Requested.

Last Name First Name

Patient's Date of Birth

☐ Self ☐ Spouse ☐ Child

Enrollee's Signature Date

Key

COMPETENCY H

PHYSICAL PLANT

Match the letter of the definition in the space provided next to each numbered vocabulary word.

M 1. assets

D 2. referral

C 3. neutral

N 4. persistent

K 5. authorized

L 6. voluntary

G 7. counseling

J 8. consequences

H 9. confidential

I 10. facilitator

E 11. allied resources

F 12. disciplinary procedures

A 13. deteriorate

B 14. specifically

a. to grow worse; degenerate

b. explicitly set forth, definite

c. not aligned to or supporting any side

d. direction, assignment

e. joined or united support

f. actions designed to punish

g. advising, directing

h. done or communicated in secret

i. someone who makes things easy

j. what follows an action

k. given power or permission

l. acting, serving, or done willingly

m. advantages, resources

n. refusing give up or let go

1. What does EAP stand for? Employee Assistance Program

2. What services does EAP provide? EAP provides referral service for free confidential, voluntary consultation

3. Who is eligible (i.e. those who can obtain services) for EAP?

All State University of New York at Brockport employees and their families

4. What five types of problems does EAP help with?

1. drug or alcohol related
2. family or marital
3. emotional - medical
4. legal
5. financial

5. A. John is employed by FSA as a kitchen helper. He is currently using several recreational drugs on the weekends but has found himself tempted to use them before and during work to "get by". John's wife has encouraged him to seek help and he is concerned about his children developing bad habits; however, he does not know where to turn.

What should John do? He should contact his local EAP coordinator/facilitator.

B. Sally is employed full-time by SUNY Brockport. Her friend Barb works in the community. Sally is worried about Barb because her husband has made threats against her and previously pushed her down the stairs, though he later said it was an "accident".

What should Sally do? Sally should suggest that her friend seek counseling in the community, since her friend is not eligible for EAP.

PP COMPETENCY H TUTOR AID

This competency entails the participant be able to summarize the Employee Assistance Program (EAP).

The first major objective is for the participant to be able to read through the EAP leaflet, understand, and retain the information contained. The following is a list of words most likely to give participants difficulty.

assets: a valuable or useful person
referral: direction; assignment
neutral: not aligned to or supporting any side
persistent: refusing to give up or let go
authorized: given power or permission
voluntary: acting, serving, or done willingly
counseling: exchanging opinions and ideas
consequences: what follows an action
confidential: done or communicated in secret
facilitator: someone who makes things easy
consultation: seeking advice or information
allied resources: joined or united support
disciplinary procedures: actions designed to punish
deterioration: to grow worse; degenerate

The second major objective is for the participant to be able to decide if an employee is able to utilize the services provided by EAP. The subskills for this objective are identifying the problem and analyzing it so see if it fits into a category covered by EAP.

For example: John is employed by FSA as a kitchen helper. He is currently using several recreational drugs on the weekends but has found himself tempted to use them before and during work to "get by". John's wife has encouraged him to seek help and he is concerned about his children developing bad habits; however, he doesn't know where to turn. The first subskill is about identifying the problem. It should be obvious that the problem is drug use. This problem does fit into EAP coverage and so John should seek help from them.

Another example is: Sally is employed full-time by SUNY Brockport. Her friend Barb works in the community. Sally is worried about Barb because her husband has made threats against her and previously pushed her down the stairs, though he later said it was an "accident". Here the problem is spouse abuse but it is not directly affecting a SUNY Brockport Employee. So while Sally may advise Barb to seek help, Barb cannot go to EAP.

Any number of other scenarios could be developed related to the other areas covered by EAP counseling; drug/or alcohol-related, family or marital, emotional, medical, legal, or financial problems.

*Sexual Harassment. While sexual harassment is not specifically covered in Competency I, it is an important workplace issue which should be touched upon in brief. The tutor should discuss with the participant the definition of sexual harassment, the college policy on sexual harassment, who the victims are, and what can be done about it. All of the above are covered in the Sexual Harassment pamphlet put out by the college.

Sexual harassment is defined as unwelcome sexually oriented advances or either a verbal, written, or physical nature. The key word here is "unwelcome", and the victim should make the perpetrator aware that their advances are indeed unwelcome. But there are fine lines within the definition and the pamphlet should be reviewed by both tutor and participant.

SUNY Brockport does not tolerate sexual harassment and those convicted of such an offense will be discharged or expelled. Sexual harassment is a serious matter and should not be taken lightly.

Typically, the victims of sexual harassment are subordinate women and the perpetrators are their male superiors. However, sexual harassment crosses all boundaries and employees should be aware of this.

There are a number of avenues for dealing with sexual harassment: (a) talking with the Affirmative Action Facilitator; (b) talking directly with the perpetrator to clear up any miscommunication; (c) write a letter to the perpetrator; or (d) seek out a supervisor.

COMPETENCY H

PHYSICAL PLANT

Match the letter of the definition in the space provided next to each numbered vocabulary word.

_____1. assets

_____2. referral

_____3. neutral

_____4. persistent

_____5. authorized

_____6. voluntary

_____7. counseling

_____8. consequences

_____9. confidential

_____10. facilitator

_____11. allied resources

_____12. disciplinary procedures

_____13. deterioration

_____14. specifically

a. to grow worse; degenerate

b. explicitly set forth, definite

c. not aligned to or supporting any side

d. direction; assignment

e. joined or united support

f. actions designed to punish

g. the act of exchanging opinions and ideas

h. done or communicated in secret

i. someone who makes things easy

j. what follows an action

k. given power or permission

l. acting, serving, or done willingly

m. valuable or useful people

n. refusing to give up or let go

1. What does EAP stand for?____________________________________

____

2. What services does EAP provide?______________________________

____

____

3. Who is eligible (i.e. those who can obtain services) for EAP?

____

____

____

4. What five types of problems does EAP help with?

1. ____
2. ____
3. ____
4. ____
5. ____

5. A. John is employed by FSA as a kitchen helper. He is currently using several recreational drugs on the weekends but has found himself tempted to use them before and during work to "get by". John's wife has encouraged him to seek help and he is concerned about his children developing bad habits; however, he does not know where to turn.

What should John do?

B. Sally is employed full-time by SUNY Brockport. Her friend Barb works in the community. Sally is worried about Barb because her husband has made threats against her and previously pushed her down the stairs, though he later said it was an "accident".

What should Sally do?

WHAT TYPES OF PROBLEMS DOES EAP HELP WITH?

drug/or alcohol-related
family or marital
emotional
medical
legal
or
financial

EAP can put you in touch with help in your community.

THE EAP FACILITATOR'S ROLE

■ The Employee Assistance facilitator at each facility is a confidential personal advisor available to all employees. Discussions with the facilitator will *not be mentioned in any way to anyone else in the facility or in the community,* unless the facilitator is specifically authorized to do so by the employee in order to obtain help.

YOUR EAP FACILITATOR IS:

Pat Hobson, EAP Coordinator
Call: 395-2308/2119

E·A·P

WHAT IS EAP?

■ The Employee Assistance Program is a free, confidential, voluntary consultation and referral service.

■ EAP itself does not provide counseling, but serves as the link between SUNY employees and the skilled professional, counseling, medical and allied resources within the community. It is a neutral office not associated with disciplinary procedures.

WHY IS BROCKPORT PROVIDING EAP?

■ From time to time everyone experiences personal problems. Usually these problems are solved through discussion with close friends and relatives. But occasionally a problem continues, because there is no one to turn to and serious consequences result.

■ However, if a persistent personal problem is identified and action is taken as quickly as possible, chances are good that the difficulty can be managed before it results in a serious deterioration of an employee's health, home life or job performance.

■ Brockport cares about its employees because they are among its most important assets.

WHO MAY USE EAP?

■ All employees of the State University of New York at Brockport and their families.

What Can I Do?

If you feel you are being sexually harassed:

1. Say no! Say it firmly, without smiling, without apologizing. Ignoring the situation will seldom make it go away.
2. Keep a record of what occurred. Include specific dates, witnesses, and patterns to the harassment. Save any cards or letters sent to you, however innocuous they might seem.
3. Take action:
   - Talk to Margie Loven-Smith, 395-21[illegible], or any of the volunteer facilitators listed in this brochure to discuss your concerns. You can talk to these staff persons as your first step in dealing with the harassment or after you have tried to resolve the situation yourself. You have a right to be heard, and the use of the grievance procedure is strongly encouraged for any one who believes he/she has been a victim of sexual harassment. If the grievance procedure is used, proceedings will be private and not open to the public.
   - Talk to the person involved, if you feel you can. You might explain why you were offended by what transpired. Sometimes a clearing of the air is all that is necessary. Remember that you have a right to your [illegible]
   - [illegible]

What You Can Do If You Think You Have A Problem With Sexual Harassment.

If you feel that you have a problem, you should talk it over with one of the following people who are available to talk to someone about a sexual harassment problem.

Margie Loven-Smith
Affirmative Action
4?? Allen Admin.
395-21[illegible]

[illegible]
Student Affairs
[illegible]

[illegible]
[illegible] Fine Arts Tower
[illegible]

Debbie [illegible]
Office of the Assistant to the President
[illegible] Allen Admin.
395-2541

[illegible] Waters
[illegible]

[illegible]

Joseph Franek, Jr.
Residential Life
113 Hazen Hall
395-2122

Walter Borowiec
Political Science
244 FOB
395-[illegible]

[illegible]
[illegible] Opportunity Center
[illegible]

Beth VanFrasen
School of Letters & Sciences
244 FOB
395-[illegible]

[illegible]
[illegible] Hartwell
395-[illegible]

[illegible]

SUNY BROCKPORT

Sexual Harassment

An Introduction for
Students and Employees
at the
State University of New York
College at Brockport

Prepared by
Affirmative Action Office
and
Standing Committee on Women's Issues

SUNY College at Brockport
[illegible]
President

BEST COPY AVAILABLE

If you have sexual harassment problems,

TELL SOMEONE.

Policy Statement

The State University of New York College at Brockport is committed to all provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and other human rights and equal opportunity laws. These laws include prohibition of discrimination in employment and educational programs and services on the basis of sex.

Recent guidelines for Title VII of the Civil Rights Act focus upon sexual harassment as an unlawful practice. "Sexual harassment, like harassment on the basis of color, race, religion, or national origin, has been recognized by the Equal Employment Opportunity Commission as a violation of Section 703 of Title VII of the Civil Rights Act as amended." (Federal Register, April 11, 1980). Recent interpretations of Title IX of the Education Amendments similarly delineate sexual harassment as discriminatory and unlawful.

SUNY Brockport is committed to maintaining a workplace and a learning environment free of sexual harassment and intimidation. Sexual harassment is unacceptable behavior, unlawful and intolerable. Any member of the College community found guilty of sexual harassment will be subject to appropriate disciplinary action which may include discharge or expulsion.

John E. Van de Wetering
President

What Is Sexual Harassment?

Sexual harassment takes many forms, from constant joking to physical assault. It may involve threats that you will fail in class or that you will lose your job. It may make your study, work, or living environment uncomfortable through continued sexual comments, suggestions or pressures.

It may include:

- sex-oriented verbal kidding or abuse, including derogatory or dehumanizing gender reference, such as whistling, catcalls or sexual remarks or jokes;
- subtle or overt pressure for sexual activity;
- physical contacts such as patting, pinching or constant brushing against another's body.

Sexual harassment is defined by EEOC as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature if:

- submission to, or toleration of, such conduct on or off campus is made (either explicitly or implicitly) a term or condition of instruction, employment, or participation in other college activities;
- submission to, or rejection of, such conduct by an individual is used as a basis for evaluation in making employment or academic decisions affecting the individual; or
- such conduct has the purpose or effect of unreasonably interfering with an individual's academic or work performance or creating an intimidating, hostile, or offensive college environment.

Who Are The Victims?

The victims of sexual harassment most often find themselves bothered by persons who exert some power over them, either in their academic program or on the job. This includes the harassment of students by faculty or administrators, or employees by supervisors.

Sometimes, however, supervisors may be harassed by employees, faculty by students, staff by co-workers, or students by fellow students. These forms of sexual harassment also are unlawful and a violation of community standards.

Although the majority of incidents of sexual harassment involve a man harassing a woman, the law also covers women harassing men, women harassing women, and men harassing men.

Faculty & Staff Commitment

All members of the Brockport Community should be committed to eradicating sexual harassment on this campus and a number of faculty and staff have agreed to serve as facilitators in more effectively achieving this outcome.

Help us provide an environment free from sexual harassment by confronting and reporting it when it occurs.

BEST COPY AVAILABLE

ANSWER KEY

COMPETENCY I

PHYSICAL PLANT

1. To force people to pay attention; to make people obey.

   enforcement

2. To make necessary; to compel.

   necessitate

3. Amounts short of what is needed.

   deficiencies

4. Something that one thinks is unjust and feels hurt and angry about; a real or supposed wrong.

   grievance

5. Being away from school, work, etc.

   absenteeism

6. Done or happening together or at the same time.

   simultaneous

7. Agents that intoxicate, especially alcoholic liquor.

   intoxicants

8. To make false by giving an untrue idea; to tell lies.

   falsifying

9. To stir up or urge on, or bring about by urging.

i n s t i g a t i n g

10. Said or done on purpose; deliberate.

w i l l f u l l y

11. To disturb or irritate persistently.

h a r a s s m e n t

12. To act in accordance; to conform. The act of complying with a wish, request, or demand.

c o m p l i a n c e

13. A harsh or formal scolding, as by a person in authority.

r e p r i m a n d

14. Worth or importance; merit; to appraise.

v a l u a t i v e

15. Authoritative permission or approval that makes a course of action valid; permission.

S a n c t i o n

16. To make sensitive; quick to change or react when acted on by something.

s e n s i t i z e

17. The act or instance of violating or the condition of being violated; to break or disregard (for ex., a law or promise).

v i o l a t i o n

18. Proceeding in steps, continuing steadily by increments; promoting or favoring progress toward better conditions or new policies, ideas, or methods.

p r o g r e s s i v e

19. Precedence of position, especially precedence over others of the same rank by reason of a longer span of service.

s e n i o r i t y

20. The act of suspending or the condition of being suspended; to be barred for a period from a privilege, office, or position, usually as a punishment.

s u s p e n s i o n

21. Occurring, arriving, acting, or done after the scheduled, expected, or usual time; to be late.

t a r d i n e s s

22. To not approve or forgive; not giving permission.

unexcused

23. Spaces between two objects, points, or units; the amount of time between two specified instants, events, or states.

intervals

24. To put to use, especially to find a profitable or practical use for.

utilize

25. To bring to an end or a halt; to discontinue the employment of; to dismiss; the end of something in time; the conclusion, a result, an outcome.

terminated/
termination

26. A written or printed announcement given or received one day prior to an occasion.

one day's notice

27. A process or period in which a person's fitness, as for membership in a working or social group, is tested.

probationary

28. The act of joining; a joint or simultaneous occurrence; concurrence.

conjunction

29. Occurring at a suitable or opportune time; well-timed.

timely fashion

30. Enforcement expected to produce a specific behavior; control obtained by enforcing compliance or order.

disciplinary action

31. Benefits that accumulate over time.

accrued benefits

32. To get rid of or remove something.

elimination

33. Not submissive to authority.

insubordination

34. Including everything; comprehensive.

all-inclusive

35. Exhibiting a lack of attention; not attentive.

inattentiveness

36. To stand idly about; to linger aimlessly; to delay or dawdle.

loitering

37. Of or relating to sizable groups of people sharing a common and distinctive racial, national, religious, linguistic, or cultural heritage.

ethnic

38. Represented as existing or as being as described but not so proved; supposed.

alleged

39. To assign as a portion; to allocate.

allotted

40. Drugs or chemical substances whose possession and use are regulated under the Controlled Substance Act.

controlled
substances

41. Implied or understood though not directly expressed.

implicitly

42. Extremely unpleasant to the senses or feelings.

o f f e n s i v e

43. A certain quantity of days in a row a person has worked.

c o n s e c u t i v e w o r k i n g
d a y s

44. To lower the pride, dignity, or self-respect of.

h u m i l i a t e

45. The act of submitting to the power of another; the act of submitting something for consideration.

s u b m i s s i o n

46. To make timid; to fill with fear; to coerce or inhibit possibly by threats.

i n t i m i d a t i n g

47. To examine and judge carefully the way in which someone or something functions.

p e r f o r m a n c e
a p p r a i s a l s

48. To begin; to start.

commence

49. Feeling or showing hatred or ill will; antagonistic.

hostile

50. To set right; to remedy or rectify; to make amends.

redress

51. A definite and separate occurrence; an event.

incident

52. Fully and clearly expressed; to leave nothing implied.

explicitly

53. To evaluate the way in which someone or something functions.

performance
evaluations

54. The act of excepting or the condition of being excepted; exclusion.

exception

55. To alleviate a condition or fact that must be considered in the determining of a course of action.

mitigating
circumstances

56. A remark that belittles or puts down one's character or actions; a drawing or an inscription made on a wall or other surface, usually so as to be seen by the public.

slurs and graffiti

JG/SK

TUTOR TIPS

COMPETENCY I

PHYSICAL PLANT

Begin by explaining the importance of the Employee Handbook and discuss its contents. Open to the contents page and have the participant scan the titles. On the worksheet, have them write down some subjects listed on the table of contents.

Flip through all of the subject tabs to get familiar with the subjects. While going through the subjects, pause at a subject that may be well-known to the participant and discuss how that subject relates to the participant in their workplace. The History and Organization section may be helpful to organize the participant's thoughts in accordance with their employer (employee may feel a common ground with their employer). You might be able to discuss the impact that each time period had on the participant in their lives at the times that the company was growing and forming. This may help give them a sense of belonging to the group in which the participant is employed.

Continue with the worksheet allowing the participant to pick subjects of interest and **any** unfamiliar words to the participant. Be sure to cover Civil Service Status, especially the sections that pertain to the participant's job position. Promotions and other possibilities within the participant's job are important for their personal growth.

The second worksheet covers Conduct and Job Performance and the Code of Ethics. This section is a difficult subject to teach if someone does not already know it. Pick some examples you may know, such as being humane to animals, violating another's trust, or actions that were conscientious to someone else's rights. Touch on discipline and insubordination. Link discipline and insubordination subjects with the participant's thoughts on actions within their workplace.

Review the words the participant listed and try to find the words within the Employee Handbook to get a general idea of the context in which the word was used. If you can not find them in the handbook and/or the meanings are unclear, look the words up in the dictionary and pick the definition that best suits the context of the word.

Have the participant summarize (paraphrase in his/her own words) the different subjects. Try to cover all of the subjects. The subjects are important to the participant's position and provide a practice for writing with a purpose.

Some of the terms on the competency are used in the second worksheet with a story. Finish the vocabulary and try to use the words in a sentence that may relate to the participant's work. Do not overwhelm the participant with too many words at a time. Spread the vocabulary throughout the time that is needed to work on this Competency.

Use Conduct and Job Performance, Attendance, Sick Leave, and Separations to draw up a list of possible actions which would be considered ethical or unethical.

In conclusion, make sure the participant understands the importance of abiding by the Handbook's guidelines. Knowing these rules and procedures will have positive results and the workers will know what is expected of him/her. The participant should also be able to distinguish between appropriate and inappropriate behaviors. As we all know, communication is vital for a successful workplace.

COMPETENCY I

PHYSICAL PLANT

MASTER WORD LIST

slurs and graffiti
intoxicants
conjunction
timely fashion
intervals
deficiencies
hostile
sanctions
accrued benefits
terminated/termination
instigating
performance evaluations
sensitize
disciplinary action
harassment
progressive
explicitly
suspension
offensive
probationary
inattentiveness
compliance

alleged
willfully
incident
valuative
commence
all-inclusive
intimidating
absenteeism
violations
humiliate
enforcement
seniority
utilize
falsifying
controlled substances
elimination
mitigating circumstances
reprimand
tardiness
submission
necessitate
simultaneous

(continued on back)

insubordination
allotted
unexcused
implicitly
performance appraisals
exception

redress
loitering
consecutive working days
grievance
ethnic
one day's notice

SK/JG

COMPETENCY I

PHYSICAL PLANT

1. To force people to pay attention; to make people obey.

_ _ _ _ _ _ _ _ _ _ _

2. To make necessary; to compel.

_ _ _ _ _ _ _ _ _ _ _

3. Amounts short of what is needed.

_ _ _ _ _ _ _ _ _ _ _ _

4. Something that one thinks is unjust and feels hurt and angry about; a real or supposed wrong.

_ _ _ _ _ _ _ _ _

5. Being away from school, work, etc.

_ _ _ _ _ _ _ _ _ _ _

6. Done or happening together or at the same time.

_ _ _ _ _ _ _ _ _ _ _ _

7. Agents that intoxicate, especially alcoholic liquor.

_ _ _ _ _ _ _ _ _ _ _

8. To make false by giving an untrue idea; to tell lies.

_ _ _ _ _ _ _ _ _ _

9. To stir up or urge on, or bring about by urging.

_ _ _ _ _ _ _ _ _ _ _

10. Said or done on purpose; deliberate.

_ _ _ _ _ _ _ _ _

11. To disturb or irritate persistently.

_ _ _ _ _ _ _ _ _ _

12. To act in accordance; to conform. The act of complying with a wish, request, or demand.

_ _ _ _ _ _ _ _ _ _

13. A harsh or formal scolding, as by a person in authority.

_ _ _ _ _ _ _ _ _

14. Worth or importance; merit; to appraise.

_ _ _ _ _ _ _ _ _

15. Authoritative permission or approval that makes a course of action valid; permission.

_ _ _ _ _ _ _ _

16. To make sensitive; quick to change or react when acted on by something.

_ _ _ _ _ _ _ _ _

17. The act or instance of violating or the condition of being violated; to break or disregard (for ex., a law or promise).

_ _ _ _ _ _ _ _ _

18. Proceeding in steps, continuing steadily by increments; promoting or favoring progress toward better conditions or new policies, ideas, or methods.

_ _ _ _ _ _ _ _ _ _ _

19. Precedence of position, especially precedence over others of the same rank by reason of a longer span of service.

_ _ _ _ _ _ _ _ _

20. The act of suspending or the condition of being suspended; to be barred for a period from a privilege, office, or position, usually as a punishment.

_ _ _ _ _ _ _ _ _ _

21. Occurring, arriving, acting, or done after the scheduled, expected, or usual time; to be late.

_ _ _ _ _ _ _ _ _

22. To not approve or forgive; not giving permission.

— — — — — — — — —

23. Spaces between two objects, points, or units; the amount of time between two specified instants, events, or states.

— — — — — — — — —

24. To put to use, especially to find a profitable or practical use for.

— — — — — — —

25. To bring to an end or a halt; to discontinue the employment of; to dismiss; the end of something in time; the conclusion, a result, an outcome.

— — — — — — — — — — /

— — — — — — — — — — —

26. A written or printed announcement given or received one day prior to an occasion.

— — — — — — ' — — — — — — —

27. A process or period in which a person's fitness, as for membership in a working or social group, is tested.

— — — — — — — — — — — —

28. The act of joining; a joint or simultaneous occurrence; concurrence.

_ _ _ _ _ _ _ _ _ _ _

29. Occurring at a suitable or opportune time; well-timed.

_ _ _ _ _ _   _ _ _ _ _ _ _

30. Enforcement expected to produce a specific behavior; control obtained by enforcing compliance or order.

_ _ _ _ _ _ _ _ _ _ _ _   _ _ _ _ _ _

31. Benefits that accumulate over time.

_ _ _ _ _ _ _   _ _ _ _ _ _ _ _

32. To get rid of or remove something.

_ _ _ _ _ _ _ _ _ _ _

33. Not submissive to authority.

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

34. Including everything; comprehensive.

_ _ _ - _ _ _ _ _ _ _ _ _

35. Exhibiting a lack of attention; not attentive.

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

36. To stand idly about; to linger aimlessly; to delay or dawdle.

_ _ _ _ _ _ _ _ _

37. Of or relating to sizable groups of people sharing a common and distinctive racial, national, religious, linguistic, or cultural heritage.

_ _ _ _ _ _

38. Represented as existing or as being as described but not so proved; supposed.

_ _ _ _ _ _ _

39. To assign as a portion; to allocate.

_ _ _ _ _ _ _ _

40. Drugs or chemical substances whose possession and use are regulated under the Controlled Substance Act.

_ _ _ _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _

41. Implied or understood though not directly expressed.

_ _ _ _ _ _ _ _ _ _

42. Extremely unpleasant to the senses or feelings.

_ _ _ _ _ _ _ _ _

43. A certain quantity of days in a row a person has worked.

_ _ _ _ _ _ _ _ _ _ _   _ _ _ _ _ _ _

_ _ _ _

44. To lower the pride, dignity, or self-respect of.

_ _ _ _ _ _ _ _ _

45. The act of submitting to the power of another; the act of submitting something for consideration.

_ _ _ _ _ _ _ _ _ _

46. To make timid; to fill with fear; to coerce or inhibit possibly by threats.

_ _ _ _ _ _ _ _ _ _ _ _

47. To examine and judge carefully the way in which someone or something functions.

_ _ _ _ _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _

48. To begin; to start.

_ _ _ _ _ _ _ _

49. Feeling or showing hatred or ill will; antagonistic.

_ _ _ _ _ _ _

50. To set right; to remedy or rectify; to make amends.

_ _ _ _ _ _ _

51. A definite and separate occurrence; an event.

_ _ _ _ _ _ _ _

52. Fully and clearly expressed; to leave nothing implied.

_ _ _ _ _ _ _ _ _ _

53. To evaluate the way in which someone or something functions.

_ _ _ _ _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _ _

54. The act of excepting or the condition of being excepted; exclusion.

_ _ _ _ _ _ _ _ _

55. To alleviate a condition or fact that must be considered in the determining of a course of action.

_ _ _ _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _ _ _ _

56. A remark that belittles or puts down one's character or actions; a drawing or an inscription made on a wall or other surface, usually so as to be seen by the public.

_ _ _ _ _   _ _ _   _ _ _ _ _ _ _ _

JG/SK

COMPETENCY I

PHYSICAL PLANT

1. What would be considered ethical and unethical in the workplace?

____

____

____

2. Read the following situation and answer the questions after the reading.

Bartholomew is a grounds worker for Physical Plant. He shows potential for completing his job activities, but most of the time never finishes. It seems that he is loitering while on the job. He gets involved in conversations on worktime, thus neglecting his work duties. Bartholomew sometimes becomes inappropriate in his choice of language to others, especially hostile or offensive. His supervisor has repeatedly discussed this matter with him and has given him reprimands on two occasions. As well as his language and hostility, he has had many unexcused absences; once he felt it was beyond him to call in to inform his supervisor. Among his violations, his tardiness has become excessive and his performance evaluations are low. Bartholomew seems unaffected by and unresponsive to the disciplinary action of his supervisor. Eventually, after several progressive incidents, Bartholomew has been placed on suspension. He was told that his attitudes and behaviors are not in compliance with policy and procedures and, in a timely fashion, he will be terminated from his position.

A. Do you think the company's action with Bartholomew was ethical? What was ethical or unethical?

____

____

____

B. What are some of the behaviors and attitudes Bartholomew showed that were not satisfactory to his position?

____

____

____

____

3. Read this situation and answer the questions.

Vern works as a carpenter for Physical Plant. His supervisor has requested a department meeting to discuss a new procedure for carpentry methods. Vern goes to the meeting with his co-workers. The group realizes that the supervisor has not gone through proper channels to okay the procedure. The supervisor wants Vern and his co-workers to sign the proposal stating that they agree with the new procedure. Not everyone feels that they agree with the method and it has not been used before.

A. Are Vern and his co-workers required to sign the statement? Why or why not?

____

____

B. Is this an ethical procedure? What is ethical or unethical about this situation? (Use the back of this page for additional space)

*Key

COMPETENCY J

PHYSICAL PLANT

Employee Self-Evaluation Form

Scale

1=Never 2=Occasionally 3=Sometimes 4=Majority 5=Everytime

1. Adaptability (Flexibility)

   A. Scheduling-If your hours had to be rearranged suddenly, would you be able to adapt to this easily? 4

   B. Supervisors-Are you able to adapt to a temporary Supervisor? 5

   C. Job Assignments-Are you able to accept a schedule change without it upsetting your day? 4

   D. Co-Workers-Can you adapt to new co-workers? 5

   E. Additional Assignments-Can you take on additional assignments without feeling frustrated or weighed down? 5

2. Punctuality

   A. On Time for Work 4

   B. Calls Ahead if Absent or Tardy 5

3. Positive Attitude

   A. Confidence-Do you show confidence and trust in your own abilities? 5

   B. Cooperation-Do you work well with others 5

   C. Team Player-When working in a group, do you put your effort into the project? 5

* This worksheet has a range of possibilities. The key has answers that would represent a population of employees, not the employees as a whole.

D. Enthusiasm-Do you show enthusiasm about your job and learning new tasks? 5

4. Decorum

A. Language-At your job, do you use appropriate and professional language? 5

B. Respect for Others-Do you show respect for others (their space and belongings)? 5

C. Do you follow company procedures and policies? 5

5. Appearance

A. Dress-Do you feel you dress appropriately for your occupation? 5

B. Personal Hygiene-Are you always clean and well-groomed? 5

67 total

Scale Equivalents

Unsatisfactory	0-50
Acceptable	51-65
[✓ Exceptional]	66 and above
Magnificent	80 perfect score!

Additional Comments

Key

COMPETENCY J

PHYSICAL PLANT

Learn a little about yourself by completing the three lists below.

1. List three things you like. (food, weather, activities...)
   - a. raw onions
   - b. Long bouts of Monopoly
   - c. Swimming in the rain

2. List three things you dislike.
   - a. nightmares
   - b. mushy vegetables
   - c. unleashed dogs

3. List three things you fear.
   - a. tornadoes
   - b. chipmunks
   - c. nuclear war

Using the example below write your own paragraph using the information written above. Make sure to notice the **pattern** of the paragraph below. The pattern will help you to write a well organized paragraph.

> What kind of person am I? I like raw onions, long bouts of Monoploy, and swimming in the rain. I dislike nightmares, mushy vegetables, and unleashed dogs. I am afraid of tornadoes, chipmunks, and nuclear war. If that makes me a peace-loving, onion-crunching, Monopoly player. So be it!

COMPETENCY J

PHYSICAL PLANT

Employee Self-Evaluation Form

Scale

1=Never 2=Occasionally 3=Sometimes 4=Majority 5=Everytime

1. Adaptability (Flexibility)
   - A. Scheduling-If your hours had to be rearranged suddenly, would you be able to adapt to this easily? ____________
   - B. Supervisors-Are you able to adapt to a temporary Supervisor? ____________
   - C. Job Assignments-Are you able to accept a schedule change without it upsetting your day? ____________
   - D. Co-Workers-Can you adapt to new co-workers? ____________
   - E. Additional Assignments-Can you take on additional assignments without feeling frustrated or weighed down? ____________

2. Punctuality
   - A. On Time for Work ____________
   - B. Calls Ahead if Absent or Tardy ____________

3. Positive Attitude
   - A. Confidence-Do you show confidence and trust in your own abilities? ____________
   - B. Cooperation-Do you work well with others____________
   - C. Team Player-When working in a group, do you put your effort into the project?____________

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A. Language-At your job, do you use appropriate and professional language? ____________

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C. Do you follow company procedures and policies? ____________

5. Appearance

A. Dress-Do you feel you dress appropriately for your occupation? ____________

B. Personal Hygiene-Are you always clean and well-groomed? ____________

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Unsatisfactory	0-50
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Additional Comments ____

____

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COMPETENCY J

PHYSICAL PLANT

Learn a little about yourself by completing the three lists below.

1. List three things you like. (food, weather, activities...)

    a.____________________________________

    b.____________________________________

    c.____________________________________

2. List three things you dislike.

    a.____________________________________

    b.____________________________________

    c.____________________________________

3. List three things you fear.

    a.____________________________________

    b.____________________________________

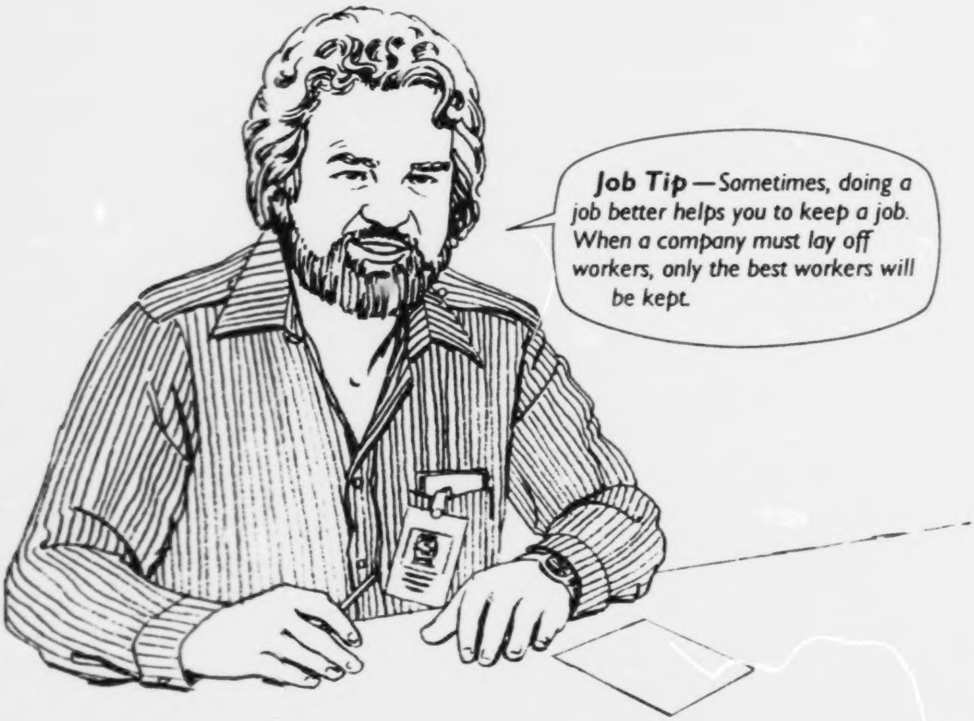
    c.____________________________________

Using the example below write your own paragraph using the information written above. Make sure to notice the **pattern** of the paragraph below. The pattern will help you to write a well organized paragraph.

> What kind of person am I? I like raw onions, long bouts of Monoploy, and swimming in the rain. I dislike nightmares, mushy vegetables, and unleashed dogs. I am afraid of tornadoes, chipmunks, and nuclear war. If that makes me a peace-loving, onion-crunching, Monopoly player. So be it!

Here are some ways that you can do something extra on your job:

1. When you run out of work, find more. Ask your supervisor what you can do. If your supervisor isn't around, ask your co-workers if you can help them with their jobs.
2. Think about jobs that will have to be done in the next week or two. Start on those jobs when you have time. But ask your supervisor if this is OK first. He or she might have other plans for your time.
3. Keep working when your supervisor isn't around. If your supervisor is away from work, it is important to keep doing your job. Many companies will reward workers who get the job done while they are *not* being watched.
4. Learn everything you can about your job and your company. This can help you if you are asked to do a different job. And it will show your supervisor that you have a special interest in your work.
5. Think about ways to do your job better. Talk to the supervisor about your ideas, and listen to ideas your supervisor has.


Job Tip *—Sometimes, doing a job better helps you to keep a job. When a company must lay off workers, only the best workers will be kept.*

Source: Keeping a Job
David S. Lake Publishers

WHAT DO YOU THINK?

Put an *X* by the right answer to each question.

1. Which of the following is a way to do something extra on the job?
   _____ a. Follow the rules of your company.
   _____ b. Get along well with your co-workers.
   _____ c. Find a way to do your work faster.

2. You should try to do your job better _____.
   _____ a. only if your supervisor says you must
   _____ b. only if you like the work very much
   _____ c. to keep your job or to get a promotion

3. The paragraphs below tell about three good workers. Suppose you were their supervisor. Which one would you pick for a promotion?

   _____ a. Julie never misses a day of work. She is never late. When she started at the warehouse, she had good job skills. She uses her skills well. She gets all her work done. She knows how to cooperate, so people like to work with her.

   _____ b. Neil is the fastest, strongest worker in the warehouse. He has learned more about the warehouse than any of his co-workers have. Sometimes he gets tired of doing the same job. He looks for harder work then. Sometimes he asks his co-workers to finish his work so that he can do a more interesting job.

   _____ c. Paul does his work well. Sometimes he finishes early. Then he asks his supervisor for more work. He has learned to do most of the jobs in his part of the warehouse. He likes to think of ways to do the jobs faster or better. Some of his ideas have been put to good use.

Write one or more sentences to answer the question.

4. Look back at your answer to question 3. Why didn't you pick the other two workers?

____

____

____

____

It takes a lot of practice to plan well. Here are some things to keep in mind:

1. Break down your job into smaller jobs. Decide how much time you need to finish each of these smaller jobs.
2. At the beginning of the work day, see which jobs have to be finished that day. If you have a job that can't be left half done, plan to start that job when you will have enough time to finish it.
3. Find out if someone else's work depends on you. If one job must be done early so that other people can do their work, you should do that job first.
4. Make a **schedule** for each day. Put your jobs in order from first to last. Write down the time that you should do each thing. Practice this until you can make a schedule that you can follow.
5. If you can schedule each day's work, try making a schedule for the whole week's work. Plan your time for big jobs that will take you more than one day to finish. If you have trouble guessing how long one kind of job will take, don't worry. Just keep a record of your hours for that job when you do it. The next time you have a job like it, your record will help you to plan well.
6. If you know about something special that will change your work schedule for one day, make a note about it. Put the note where you can see it.

PERSONALITY— ATTITUDES AND ACTIONS

You hear the word "personality" used almost every day. People say: "She has a great personality." "He has a lot of personality." "He has no personality." But most of the time, people don't use the word "personality" the right way. They may be talking about how a person looks. Or they may be talking about the things a person says. Real "personality" has to do with the way a person thinks and acts. And most of all, "personality" has to do with developing good attitudes.

All of us want to live happy, successful lives. To do this, we must develop the good attitudes and habits that people call our personality traits. Some of these good traits are:

- Being on time.
- Getting along with others.
- Getting and giving help when it is needed.
- Getting and giving instructions correctly.
- Getting things done—and doing them right.

You may think that you have already developed these traits. And you may be right on some counts. But you can always develop a *better* personality by checking out your attitudes. That is what this book is all about.

Attitudes for Work calls for a lot of thought on your part. And it also calls for many discussions in class. It is not like any other book you use in school. You are not going to "study" it. And you are not going to get "grades" on the work you do. You are just going to take a fresh look at the way you do things. You will compare it to the way things *should* be done. After that, you are on your own. *You* will have to put it all together to develop attitudes that work.

Source: Attitudes for Work
David S. Lake Publishers

COMPETENCY K

PHYSICAL PLANT

1) Combustible means

a) easily fractured structure or chemical
B b) any structure, material, or chemical that can burn
c) any structure, material or chemical that is inert

2) Combustible materials: answer true or false regarding the handling of combustible materials:

T enclose chemically soaked rags and other wastes in metal containers

T store chemicals in a cool place

F store chemicals in a well lit area (direct sunlight)

F chemically soaked rags may be disposed of by incineration

T chemical spills should be cleaned carefully and immediately

F open flames are safe around combustible materials if caution is used. (eg. smoking)

3) If you have just finished washing the floor and it is still wet you would, place warning sign in area.

4) True or False. Explain why this situation would cause a either a hazardous or safe situation.

T long hair may obstruct vision

F sandals or open toed shoes offer ample protection to be considered safe apparel for work.

T safety goggles and face shields may be necessary when working with dangerous liquids or upon exposure to injurious light rays.

T hardhats may be required

F a visitor to your job area does not need to adhere to the same safety rules (protective devices) that you do.

F long scarves or necklaces may be worn

5) Biohazards are

a) bacteria, viruses, and parasites that can cause disease
b) can be airborne
c) can be bloodborne
E d) are permanently sealed in specially labeled red bags
e) all of the above

6) Biohazards

a) are safe to mix with the other trash
C b) can be handled without gloves when properly bagged
c) are disposed of only when wearing gloves and always separate from other trash.

7) Exposure incidents that should be reported because they may cause serious infections and require immediate medical treatment. The incidents that should be reported are exposure to

a) blood
b) needles
E c) biohazardous waste
d) a and b only
e) a, b, and c

8) Bloodborne pathogens may be transmitted to you by

a) broken skin (cuts)
b) mucous membranes (eyes, nose, mouth)
F c) air
d) a, b, c
f) a and c

9) The diseases we are most concerned about transmitting are

a) hepatitis
b) bronchitis
c) HIV
F d) cancer
e) all
f) a and c

10) [✓ True] or False? Employers must provide free medical evaluation and treatment to employees that have experienced an exposure incident.

KEY

WORKSHEET COMPETENCY K

PHYSICAL PLANT

Directions: Answer the following questions using the Bloodborne Facts pamphlet.

1) What do you do with your personal protective clothing and equipment before leaving the work area when the PPE becomes contaminated?

Remove your clothing and equipment.

2) What do your wear if you are subject to flying particles, injurious liquids or injurious light rays?

Eye and face protection

3) What is the only exception to the requirement for protective gear?

It must be employees professional judgement that using the protective equipment would prevent the delivery of health care or public safety services or would pose an inc. hazard to the safety of the worker or co-worke

4) If an employee is to have contact with blood, what precaution must be taken?

The employee must wear gloves.

COMPETENCY K

PHYSICAL PLANT

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c) any structure, material or chemical that is inert

2) Combustible materials: answer true or false regarding the handling of combustible materials:

______enclose chemically soaked rags and other wastes in metal containers

______store chemicals in a cool place

______store chemicals in a well lit area (direct sunlight)

______chemically soaked rags may be disposed of by incineration

______chemical spills should be cleaned carefully and immediately

______open flames are safe around combustible materials if caution is used. (eg. smoking)

3) If you have just finished washing the floor and it is still wet you would, ____.

4) True or False. Explain why this situation would cause a either a hazardous or safe situation.

______long hair may obstruct vision

______sandals or open toed shoes offer ample protection to be considered safe apparel for work.

______safety goggles and face shields may be necessary when working with dangerous liquids or upon exposure to injurious light rays.

______hardhats may be required

______a visitor to your job area does not need to adhere to the same safety rules (protective devices) that you do.

______long scarves or necklaces may be worn

5) Biohazards are

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COMPETENCY K

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Directions: Answer the following questions using the Bloodborne Facts pamphlet.

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____

____

2. What do your wear if you are subject to flying particles, injurious liquids or injurious light rays?

____

3. What is the only exception to the requirement for protective gear?

____

____

____

____

____

____

4. If an employee is to have contact with blood, what precaution must be taken?

____

Bloodborne *facts*

Personal Protective Equipment Cuts Risk

U.S. Department of Labor
Occupational Safety and Health Administration

Wearing gloves, gowns, masks, and eye protection can significantly reduce health risks for workers exposed to blood and other potentially nfectious materials. The new OSHA standard covering bloodborne lisease requires employers to provide appropriate personal protective equipment (PPE) and clothing free of charge to employees.

Workers who have direct exposure to blood and other potentially nfectious materials on their jobs run the risk of contracting bloodborne infections from hepatitis B virus (HBV), human immunodeficiency virus (HIV) which causes AIDS, and other pathogens. About 8,700 health are workers each year are infected with HBV, and 200 die from the nfection. Although the risk of contracting AIDS through occupational exposure is much lower, wearing proper personal protective equipment can greatly reduce potential exposure to all bloodborne infections.

SELECTING PPE

Personal protective clothing and equipment must be suitable. This eans the level of protection must fit the expected exposure. For example, gloves would be sufficient for a laboratory technician who is rawing blood, whereas a pathologist conducting an autopsy would need onsiderably more protective clothing.

PPE may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear. The ear must be readily accessible to employees and available in appropriate zes.

If an employee is expected to have hand contact with blood or other otentially infectious materials or contaminated surfaces, he or she must ear gloves. Single use gloves cannot be washed or decontaminated for reuse. Utility gloves may be decontaminated if they are not compromised. They should be replaced when they show signs of acking, peeling, tearing, puncturing, or deteriorating. If employees are ergic to standard gloves, the employer must provide hypoallergenic gloves or similar alternatives.

Routine gloving is not required for phlebotomy in voluntary blood nation centers, though it is necessary for all other phlebotomies. In any case, gloves must be available in voluntary blood donation centers for employees who want to use them. Workers in voluntary blood nation centers must use gloves (1) when they have cuts, scratches or er breaks in their skin; (2) while they are in training; and (3) when they believe contamination might occur.

Employees should wear eye and mouth protection such as goggles d masks, glasses with solid side shields, and masks or chin-length e shields when splashes, sprays, splatters, or droplets of potentially infectious materials pose a hazard through the eyes, nose or mouth. re extensive coverings such as gowns, aprons, surgical caps and ds, and shoe covers or boots are needed when gross contamination is expected. This often occurs, for example, during orthopedic surgery or autopsies.

AVOIDING CONTAMINATION

The key is that blood or other infectious materials must not reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions for the duration of exposure.

Employers must provide the PPE and ensure that their workers wear it. This means that if a lab coat is considered PPE, it must be supplied by the employer rather than the employee. The employer also must clean or launder clothing and equipment and repair or replace it as necessary.

Additional protective measures such as using PPE in animal rooms and decontaminating PPE before laundering are essential in facilities that conduct research on HIV or HBV.

EXCEPTION

There is one exception to the requirement for protective gear. An employee may choose, temporarily and briefly, under rare and extraordinary circumstances, to forego the equipment. It must be the employee's professional judgment that using the protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker. When one of these excepted situations occurs, employers are to investigate and document the circumstances to determine if there are ways to avoid it in the future. For example, if a firefighter's resuscitation device is damaged, perhaps another type of device should be used or the device should be carried in a different manner. Exceptions must be limited—this is not a blanket exemption.

DECONTAMINATING AND DISPOSING OF PPE

Employees must remove personal protective clothing and equipment before leaving the work area or when the PPE becomes contaminated. If a garment is penetrated, workers must remove it immediately or as soon as feasible. Used protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.

OTHER PROTECTIVE PRACTICES

If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible. In addition, workers must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, employers may provide other handwashing measures such as moist towelettes. Employees still must wash with soap and water as soon as possible.

Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to

OSHA STANDARDS CUSTODIAL

I. Introduction:

A. Background information:

B. W I I F M (video):

C. OSHA and the Bloodborne Pathogen Standard:

1. What is the Standard? for things on the job

2. Who does it involve?

a. "Employees who as a result of doing their **JOB,** could come in contact with blood or other potentially infectious material through the eyes, skin, mucous membrane, or under the skin by means of a needlestick, cut or human bite."

What body fluids do I need to be cautious with?

A. Blood and components of blood as well as saliva, semen, vaginal secretions, body fluids mixed with blood, or body fluids that may be mixed and you can't tell what's in it.

B. What blood borne pathogens are involved?

1. HEPATITIS B VIRUS: inflamation of the liver -

a. Disease process
b. Symptoms — [illegible] fever -
c. Complications —
d. mode of Transmission — through blood, saliva, semen
e. Control through Universal Precautions —
f. How does this apply to your job? —

blood, semen, needles, vaginal secretions

2. HIV :

a. Disease process — attacks parts of white blood cells - [illegible] viral
b. Symptoms — severe weight loss, night sweats recurring infections
c. Complications — no cure
d. Mode of Transmission — sexually - through needles
e. Control through Universal Precautions —
f. How does this apply to your job? — ~~blood~~

3.Oral mucosa exposure: Flush thoroughly with cool water. Rinse well with antiseptic mouth wash solution, which is located in the lab.

B. Follow the procedure in the back of your exposure control plan to assure proper notification and all safety factors are instituted.

VI. Wrap -up and questions. - don't rush, not get preequiped, wear your gloves and aprons. (let your doctor know you are taking shots)

VII. Reference materials for review after training is completed.

BEST COPY AVAILABLE

Bloodborne *facts*

Reporting Exposure Incidents

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA's new bloodborne pathogens standard includes provisions for medical follow-up for workers who have an exposure incident. The most obvious exposure incident is a needlestick. But any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer.

Exposure incidents can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV) which causes AIDS. Although few cases of AIDS are directly traceable to workplace exposure, every year about 8,700 health care workers contract hepatitis B from occupational exposures. Approximately [illegible] will die from this bloodborne infection. Some will become carriers, passing the infection on to others.

WHY REPORT?

Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Immediate intervention can forestall the development of hepatitis B or enable the affected worker to track potential HIV infection. Prompt reporting also can help the worker avoid spreading bloodborne infection to others. Further, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again.

Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HBV and HIV infectivity if this is unknown and if permission for testing can be obtained. The exposed employee must be informed of the results of these tests.

Employers must tell the employee what to do if an exposure incident occurs.

MEDICAL EVALUATION AND FOLLOW-UP

Employers must provide free medical evaluation and treatment to employees who experience an exposure incident. They are to refer exposed employees to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. He or she will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations. The licensed health care provider also will evaluate any reported illness to determine if the symptoms may be related to HIV or HBV development.

The first step is to test the blood of the exposed employee. Any employee who wants to participate in the medical evaluation program must agree to have blood drawn. However, the employee has the option to give the blood sample but refuse permission for HIV testing at that time. The employer must maintain the employee's blood sample for 90 days in case the employee changes his or her mind about testing--should symptoms develop that might relate to HIV or HBV infection.

The health care provider will counsel the employee based on the test results. If the source individual was HBV positive or in a high risk category, the exposed employee may be given hepatitis B immune globulin and vaccination, as necessary. If there is no information on the source individual or the test is negative, and the employee has not been vaccinated or does not have immunity based on his or her test, he or she may receive the vaccine. Further, the health care provider will discuss any other findings from the tests.

The standard requires that the employer make the hepatitis B vaccine available, at no cost to the employee, to all employees who have occupational exposure to blood and other potentially infectious materials. This requirement is in addition to post-exposure testing and treatment responsibilities.

WRITTEN OPINION

In addition to counseling the employee, the health care provider will provide a written report to the employer. This report simply identifies whether hepatitis B vaccination was recommended for the exposed employee and whether or not the employee received vaccination. The health care provider also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood which require further evaluation or treatment. Any added findings must be kept confidential.

CONFIDENTIALITY

Medical records must remain confidential. They are not available to the employer. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA's standard on access to employee exposure and medical records.

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue, N.W., Washington, DC 20210 and from OSHA regional offices.

Bloodborne *facts*

Hepatitis B Vaccination-- Protection For You

U.S. Department of Labor
Occupational Safety and Health Administration

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening bloodborne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The new OSHA standard covering bloodborne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first-aid personnel, law enforcement officers, correctional facilities staff, launderers, as well as others.

The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated." The requirements for vaccinations of those already on the job take effect July 6, 1992.

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

Each employee should receive counseling from a health care professional when vaccination is offered. This discussion will help an employee determine whether inoculation is necessary.

WHAT IF I DECLINE VACCINATION?

Workers who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after a worker initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If a worker experiences an exposure incident, such as a needlestick or a blood splash in the eye, he or she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The worker's blood will also be screened if he or she agrees.

The health care professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination is recommended and whether the employee received it. Only this information is reported to the employer. Employee medical records must remain confidential. HIV or HBV status must NOT be reported to the employer.

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue, N.W., Washington, DC 20210 and from OSHA regional offices.

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III. How do you protect yourself?

A. Engineering controls

1. Sharps containers —
2. Biohazard waste disposal — [illegible] red bag or clear plastic bag with tag
3. Blood spill kits —
4. Signs and labels —

Get disinfectant & tag [illegible] on infected area (at least 30 seconds) bleach -

B. Work practices

1. Universal Precautions: - Consider all blood & semen as infectious fluids all body fluids

Consider all blood /OPIM infectious regardless of perceived status of the source individual.

a. Thorough handwashing and flushing of mucous membranes
(wash hands at least 30 seconds)

b. Proper handling and disposal of sharps - if contaminated with blood do not touch even with gloves.

c. Appropriate use of personal protective equipment
(1) gloves — wash gloves down before taking off (all clothing) (use gowns)
(2) apron/gown —
(3) what if your clothes become contaminated - blood, vomit, semen
have a second set of clothes - clothes need to be [illegible]

d. Don't eat, drink, apply makeup or lip balm, smoke, or handle cosmetics in areas where an exposure is possible.

IV. Hepatitis B vaccine: - 3 shots -

A. How it works --

B. Side effects of the vaccine -- flu like symptoms, aches in shoulders
talk to physician about shots.

C. How it is being offered

V. What to do if there is an exposure:

A. Immediate first aid to reduce the likelihood of disease transmission: -

1. Skin Exposure: If open wound, allow to bleed freely. Wash with soap and water. Apply anti-septic ointment, if appropriate. Refer to emergency room or primary physician of further treatment is required.

2. Eye and nasal mucosa exposure: flush the area with cool water or normal saline eye was for 15 minutes. Normal saline and tubing are available on eye tray.

Bloodborne
facts

Holding the Line on Contamination

U.S. Department of Labor
Occupational Safety and Health Administration

Keeping work areas in a clean and sanitary condition reduces employees' risk of exposure to bloodborne pathogens. Each year about 8,700 health care workers are infected with hepatitis B virus, and 200 die from contracting hepatitis B through their work. The chance of contracting human immunodeficiency virus (HIV), the bloodborne pathogen which causes AIDS, from occupational exposure is small, yet a good housekeeping program can minimize this risk as well.

DECONTAMINATION

Every employer whose employees are exposed to blood or other potentially infectious materials must develop a written schedule for cleaning each area where exposures occur. The methods of decontaminating different surfaces must be specified, determined by the type of surface to be cleaned, the soil present and the tasks or procedures that occur in that area.

For example, different cleaning and decontamination measures would be used for a surgical operatory and a patient room. Similarly, hard-surfaced flooring and carpeting require separate cleaning methods. More extensive efforts will be necessary for gross contamination than for minor spattering. Likewise, such varied tasks as laboratory analyses and normal patient care would require different techniques for clean-up.

Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving exposure to blood. Many laboratory procedures are performed on a continual basis throughout a shift. Except as discussed below, it is not necessary to clean and decontaminate between procedures. However, if the employee leaves the area for a period of time, for a break or lunch, then contaminated work surfaces must be cleaned.

Employees also must clean (1) when surfaces become obviously contaminated; (2) after any spill of blood or other potentially infectious materials; and (3) at the end of the work shift if contamination might have occurred. Thus, employees need not decontaminate the work area after each patient care procedure, but only after those that actually result in contamination.

If surfaces or equipment are draped with protective coverings such as plastic wrap or aluminum foil, these coverings should be removed or replaced if they become obviously contaminated. Reusable receptacles such as bins, pails and cans that are likely to become contaminated must be inspected and decontaminated on a regular basis. If contamination is visible, workers must clean and decontaminate the item immediately, or as soon as feasible.

Should glassware that may be potentially contaminated break, workers need to use mechanical means such as a brush and dustpan or tongs or forceps to pick up the broken glass—never by hand, even when wearing gloves.

Before any equipment is serviced or shipped for repairing or cleaning, it must be decontaminated to the extent possible. The equipment must be labeled, indicating which portions are still contaminated. This enables employees and those who service the equipment to take appropriate precautions to prevent exposure.

REGULATED WASTE

In addition to effective decontamination of work areas, proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste must be handled with great care—i.e., liquid or semi-liquid blood and other potentially infectious materials, items caked with these materials, items that would release blood or other potentially infected materials if compressed, pathological or microbiological wastes containing them and contaminated sharps.

Containers used to store regulated waste must be closable and suitable to contain the contents and prevent leakage of fluids. Containers designed for sharps also must be puncture resistant. They must be labeled or color-coded to ensure that employees are aware of the potential hazards. Such containers must be closed before removal to prevent the contents from spilling. If the outside of a container becomes contaminated, it must be placed within a second suitable container.

Regulated waste must be disposed of in accordance with applicable state and local laws.

LAUNDRY

Laundry workers must wear gloves and handle contaminated laundry as little as possible, with a minimum of agitation. Contaminated laundry should be bagged or placed in containers at the location where it is used, but not sorted or rinsed there.

Laundry must be transported within the establishment or to outside laundries in labeled or red color-coded bags. If the facility uses Universal Precautions for handling all soiled laundry, then alternate labeling or color coding that can be recognized by the employees may be used. If laundry is wet and it might soak through laundry bags, then workers must use bags that prevent leakage to transport it.

RESEARCH FACILITIES

More stringent decontamination requirements apply to research laboratories and production facilities that work with concentrated strains of HIV and HBV.

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue, N.W., Washington, DC

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Bloodborne facts

Protect Yourself When Handling Sharps

U.S. Department of Labor
Occupational Safety and Health Administration

A needlestick or a cut from a contaminated scalpel can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV) which causes AIDS. Although few cases of AIDS have been documented from occupational exposure, approximately 8,700 health care workers each year contract hepatitis B. About 200 will die as a result. The new OSHA standard covering bloodborne pathogens specifies measures to reduce these risks of infection.

PROMPT DISPOSAL

The best way to prevent cuts and sticks is to minimize contact with sharps. That means disposing of them immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps--either for disposal or, for reusable sharps, later decontamination for re-use. When reprocessing contaminated reusable sharps, employees must not reach by hand into the holding container. Contaminated sharps must never be sheared or broken.

Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, workers must use either a mechanical device or a one-handed technique. If recapping is essential--for example, between multiple injections for the same patient--employees must avoid using both hands to recap. Employees might recap with a one-handed "scoop" technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

SHARPS CONTAINERS

Containers for used sharps must be puncture resistant. The sides and the bottom must be leakproof. They must be labeled or color coded red to ensure that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and the sharps inside.

Employees must never reach by hand into containers of contaminated sharps. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing, or employees could use tongs or forceps to withdraw the contents. Reusable sharps disposal containers may not be opened, emptied, or cleaned manually.

Containers need to be located as near to as feasible the area of use. In some cases, they may be placed on carts to prevent access to mentally disturbed or pediatric patients. Containers also should be available wherever sharps may be found, such as in laundries. The containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts.

HANDLING CONTAINERS

When employees are ready to discard containers, they should first close the lids. If there is a chance of leakage from the primary container, the employees should use a secondary container that is closable, labeled, or color coded and leak resistant.

Careful handling of sharps can prevent injury and reduce the risk of infection. By following these work practices, employees can decrease their chances of contracting bloodborne illness.

This is one of a series of fact sheets that discusses various requirements of the Occupational Safety and Health Administration's standard covering exposure to bloodborne pathogens. Single copies of fact sheets are available from OSHA Publications, Room N-3101, 200 Constitution Avenue, N.W., Washington, DC 20210 and from OSHA regional offices.

III. How do you protect yourself?

A. Engineering controls

1. Sharps containers — goes in
2. Biohazard waste disposal — red bags or clear plastic bag with tag
3. Blood spill kits —
4. Signs and labels —

let disinfectant stay on infected area at least 30 seconds bleach -

B. Work practices

1. Universal Precautions: - Consider all blood & semen is infectious fluids all Body fluid

Consider all blood /OPIM infectious regardless of perceived status of the source individual.

a. Thorough handwashing and flushing of mucous membranes
→ wash hands at least 30 seconds

b. Proper handling and disposal of sharps — if contaminated with blood do not touch even with gloves.

c. Appropriate use of personal protective equipment
(1) gloves — wash gloves down before taking off (all the time use gloves)
(2) apron/gown —
have a second set of clothes (3) what if your clothes become contaminated - blood, vomit, semen,
clothes need to be done on the job -

d. Don't eat, drink, apply makeup or lip balm, smoke, or handle cosmetics in areas where an exposure is possible.

IV. Hepatitis B vaccine: - 3 shots -

A. How it works -

B. Side effects of the vaccine - flue like symptoms, ache in shoulder,
talk to physician about shots.

C. How it is being offered

V. What to do if there is an exposure:

A. Immediate first aid to reduce the likelihood of disease transmission: -

1. Skin Exposure: If open wound, allow to bleed freely. Wash with soap and water. Apply anti-septic ointment, if appropriate. Refer to emergency room or primary physician of further treatment is required.

2. Eye and nasal mucosa exposure: flush the area with cool water or normal saline eye was for 15 minutes. Normal saline and tubing are available on eye tray.

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State University of New York
College at Brockport
Brockport, New York 14420

Office of Plant Management

HEALTH AND SAFETY
PLANT MANAGEMENT
SUNY BROCKPORT

POLICIES AND PROCEDURES

Date: June 18, 1991
Subject: Vehicle Safety, Backing
File: Vehicle Safety
Policies and Procedures

Subpart 1926.601 of the Occupational Safety and Health Act of 1970 states that no employer shall use any motor vehicle having an obstructed view to the rear unless:

1.) The vehicle has a reverse signal alarm audible above the surrounding noise, or
2.) The vehicle is backed up only when an observer signals that it is safe to do so.

It is the university's policy that a driver, at all times, has the responsibility for insuring that the area behind a vehicle is clear prior to and during, the operation of a vehicle in reverse. If the driver has a passenger, the driver will require the passenger to take a position outside the vehicle to verify that it is safe to back up and to provide direction until the reverse direction has been completed. Back-up alarms are considered to be additional devices only and do no relieve the driver and/or the passenger of the above responsibilities.

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Health and Safety
Plant Management
SUNY Brockport

POLICIES AND PROCEDURES

Date: September 12, 1991
Subj: Personal Safety
File: Personal Safety
Policies and Procedures

Personal protective devices should be selected in accordance with situations or potential hazards to which a worker may be exposed. At any job site, all persons shall wear appropriate personal protective devices. This includes any person subject to the hazards of the job, such as the tradesman, trademan's helper, supervisor, visitor, cleaner, groundsworker, vehicle operator, etc.

1.) Head Protection
    a.) workers exposed to falling objects (tools or materials) shall wear approved hard hats;

    b.) hair long enough to obscure vision or become entangled in equipment must be covered or controlled.

2.) Eye and Face Protection
    a.) where eyes or face are subject to flying particles, injurious liquids or injurious light rays, eye and face protection shall be worn;

    b.) Protection shall be kept clean and in good repair;

    c.) Goggles or face shields may be required in addition to corrective lens glasses.

3.) Foot Protection
    a.) sandles, shoes with open toes and it is recommended that tennis shoes not be worn in workshops or situations where workers must operate floor cleaning equipment, groundskeeping equipment or where workers are subject to being struck by solid, moving objects. Working in bare feet is prohibited.

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Health and Safety
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POLICIES AND PROCEDURES

Date: June 27, 1991

Subj: Head Protection

File: Head Protection
Policies and Procedures

In order to provide protection against head injuries, approved type protective headgear shall be worn when passing through, working, inspecting, or observing within areas where there is a possibility of falling objects. Head protection for visitors shall be provided at the location or given to visitors prior to going to a controlled site.

The following are common examples of areas, or circumstances that shall require protective headgear:

1). Working in or around objects against which the head may be struck. (interstitial areas, low ceilings, pipe tunnels, trucks and vans when loading and unloading)

2). When this is being performed simultaneously overhead and below (roof, scaffolds, etc.)

3). Presence of unsecured materials, supplies and equipment, etc., overhead.

4). Tree trimming.

5). Working with aerial lift (in the bucket and on the ground).

6). Within boilers, subsurface structures, trenches.

Known working conditions and permanent locations where head protection is required shall be posted with signs reading: "Head Protection Required."

Hard hats shall be worn to protect against falling objects.

Bump caps may be worn when the only danger is the potential of striking the head against overhead objects.

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Health and Safety
Plant Management
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POLICIES AND PROCEDURES

Date: June 28, 1991

Subj: Eye Protection Devices,
Required Use

File: Eye Protection
Policies and Procedures Manual

Applies to:

Staff and Visitors

Conditions of Use:

Staff and visitors engaged in or exposed to the conditions set forth shall wear eye protection devices. The conditions include any situation including flying particles, injurious liquids, injurious light rays or conditions which may be implosive or explosive.

When the activity is such that hazards may develop without warning, safety devices must be worn by all persons in a potentially hazardous area.

The offices of Health and Safety, Plant Management will provide eye safety devices for the protection of employees and visitors.

Eye safety devices within the meaning of this policy shall include face shields, goggles, safety glasses, welding helmets, hoods and other specialized equipment in compliance with American National Standard Practice for Occupational and Educational Eye and Face Protection.

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Health and Safety
Plant Management
SUNY Brockport

POLICIES AND PROCEDURES

Date: July 2, 1991

Subj: Excavation and Trenching Operations

File: Excavation and Trenching Policies and Procedures

1). Excavating and trenching operations, whether done by state employees or by outside contractor personnel hired to do this type of work, shall be done in accordance with the code of Federal Regulations Part 1926, Subpart P and applicable portions of Part 1910 (Need for Personal Protective Equipment and/or Hazard Communication Training and Monitoring).

2). Projects involving excavating and trenching operations shall be coordinated by the Health and Safety Office of Plant Management. (Contact person: Rich Clack).

3). The persons listed below are designated as the competent persons who shall inspect, **on a daily basis**, excavation and trenching jobs for evidence of possible cave-ins, failures of protective systems and equipment, hazardous atmospheres and other hazardous conditions:

Rich Clack, Bill Benz, Don Pickard

A log shall be kept of such inspections.

4). The services of a registered professional engineer will be arranged if necessary. (Contact person: Rick Clack).

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Office of Plant Management

Health and Safety
Plant Management
SUNY Brockport

POLICIES AND PROCEDURES

Date: June 18, 1991

Subj: Confined Space Entry

File: Confined Space Entry
Policies and Procedures

1. General

1.1 All personnel will treat confined space entry as a special hazard and the entering of such spaces without first taking all safety precautions consistent with the circumstances shall not be permitted.

1.2 For purposes of this procedure, confined spaces are defined as all spaces, open (i.e., valvepit or manhole), closed (i.e., tank or vessel) in which toxic gases or flammable vapors might accumulate or an oxygen deficiency might occur.

2. Confined Space Entry Rules

2.1 At least two persons are required for a confined space entry. One must remain outside the space and monitor the safety of the other by constant, direct observation.

2.2 The observer must have a two-way radio for radio contact with the Maintenance Office and/or Heating Plant.

2.3 In all confined space entry situations, an oxygen deficiency test shall be performed prior to entry.

2.4 In circumstances where "Hot Work" (welding, burning or grinding) is to be performed or the possibility of the presence of combustible gas exists, a test for combustible gases shall also be taken.

2.5 Where the work is expected to take fifteen (15) minutes or less, the workers entering the space shall take the oxygen-deficiency meter into the space. The meter is set to alarm if the oxygen concentrations drops below 19.5%. The space is to be vacated immediately in the event of an alarm. It is to be remembered that a loss of oxygen can cause brain damage within minutes.

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Office of Plant Management

CONFINED SPACE PROGRAM
STANDARD OPERATING PROCEDURE (SOP)

TEN STEPS TO BE FOLLOWED WHEN ENTERING ANY CONFINED SPACE

1.) Identify all confined space (CS) or potential CS with a sign or placard;

2.) No entry without a permit from the safety officer;

3.) Permit is issued for a specific period for a specific purpose and must be signed by the safety officer;

4.) Ventilate at all times with approved air movers;

5.) Training required for all entrants including a pre-entry briefing;

6.) Personal protective equipment required by permit must be the proper type and must be inspected prior to use by permit issuer;

7.) Tests to be done prior to entry and recorded -- oxygen first, then lower explosive limits (LEL) or lower flammable limits (LFL) for flammables, combustibles second, third - toxics - tests may warrant continuous testing;

8.) Rescue program and equipment in place;

9.) All potential energy zeroed out or eliminated, locked and tagged;

10.) Record keeping required for entry:
    Instrument readings
    Rescue training documented - when, who, how
    Calibration of test equipment - dates, initials, etc.
    Records concerning inspections on ropes, harnesses, chains
    Tools, equipment, respirators, etc.
    Training of personnel.

COMPETENCY L

PHYSICAL PLANT

1. After you read your job description, briefly write as many important key words that you can remember from the reading about your position.

non-supervisory Class
specialized assignment
light and heavy cleaning
requires handyman abilities
physical labor

2. Write down any words you are not familiar with and look in the dictionary for the meaning that best fits how the word is used.

distinguished
responsibility
aparatus
experimental
routine
sorting
specimens
subordinate
lavatories
laboratories
scaffotds
applicants

3. Write a summary of your job description from the reading. Include how your job fits in with your coworkers' positions. Use complete sentences and grammar rules. You may wish to use separate paper.

The Grade five cleaner position requires no education or experience, but one must be physically able to perform medium to heavy physical labor. The position requirements range from cleaning, following instructions toclimbing ladders and scaffotds. As well as cleaning, a Grade Five cleaner also strips, vacuums and waxes floors and shampoos carpets. The cleaner has frequent verbal communication withe the Supervisor.

4. Now prepare a final version correcting any errors in spelling, structure, or any other uncertainty in your summary. Use a separate page for your final copy.

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Occ. Code 3014000

CLEANER, GRADE ~~4~~ 5

New York State Department of Civil Service

Classification Standard

NATURE OF WORK

Under supervision, a Cleaner performs a variety of routine manual tasks requiring light, medium, and heavy physical effort in cleaning and caring for an assigned area in public buildings and adjacent grounds and sidewalks.

Most of the positions in this class are located in the State University, the Department of Mental Hygiene, the Office of General Services in the Executive Department, and the Department of Health.

CLASSIFICATION CRITERIA AND DISTINGUISHING CHARACTERISTICS

Cleaner is a nonsupervisory class. A Cleaner usually works as a member of a crew, performing routine manual tasks requiring light, medium, and heavy physical effort in the cleaning and care of an assigned area on a full-time basis. In some instances Cleaners may work in crews which specialize in certain cleaning activities, such as stripping and polishing floors or cleaning kitchens and lavatories, or may work alone in a specialized assignment, such as cleaning rest rooms and attending to rest room users. In other instances they may have varied assignments ranging from light through heavy cleaning; however, incumbents of these positions perform duties covering the full range of physical exertion.

Cleaners are distinguished from Building Service Aides by the latter class's responsibility for performing only light cleaning duties, usually after hours in public buildings, and positions are usually part-time.

There are many classes in State service which perform varied cleaning and housekeeping tasks. Laboratory Caretakers clean areas containing scientific apparatus, laboratory supplies, experimental projects, and animals, and, in addition, perform simple, routine duties with ongoing experiments in their assigned area, such as feeding and watering animals, changing cultures in incubators, and accepting, sorting, and distributing laboratory specimens. These positions are distinguished from Cleaners by the additional duties Laboratory Caretakers perform and the nature of the work environment.

The class of Janitor performs the same tasks as Cleaner and, in addition, makes repairs and does maintenance work requiring handyman abilities; is responsible for the cleaning and care of one or more buildings or for major areas of the larger State office buildings; and usually supervises Cleaners. The class of Housekeeper is responsible for the cleaning, care, and upkeep of assigned buildings or areas of large buildings in State institutions, including employee or staff living quarters and administrative work areas, and supervises subordinate cleaning staff.

While the class of Window Washer also performs cleaning tasks, a distinguishing characteristic of this class is washing from the outside, the windows of multi-storied buildings, using safety apparatus.

TYPICAL ACTIVITIES, TASKS AND ASSIGNMENTS

Performs a variety of routine manual work under supervision including, but not limited to, the following in the cleaning and care of an assigned area.

- Picks up and removes hazardous articles which may be on floors, furniture, and equipment and places them in designated receptacles or in appropriate places. Moves furniture and equipment in connection with cleaning and care functions.
- Using mops, brushes, detergents, buffers, floor scrubbers, and other cleaning implements, washes floors, corridors, stairs and stairwells, walls, partitions, windows from the inside of buildings, etc.
- Changes curtains and drapes and hangs pictures and other decorative objects.
- Using manual and/or mechanical equipment, strips and vacuums and waxes floors and shampoos carpets.
- Using hand-operated equipment and detergents, scrubs and cleans all areas of lavatories, such as sinks, urinals, toilets, etc.
- Using hand-dusting equipment, dusts assigned areas.
- Using appropriate equipment such as ladders and scaffolds, washes light fixtures, replaces light bulbs, dusts and/or washes light fixtures and high places such as ceilings.
- Using designated equipment, polishes wood and metal fixtures and equipment.
- Using manual and/or mechanical equipment, occasionally removes snow; cleans sidewalks, yards, and drives; and mows lawns in assigned areas.
- May set up equipment in assigned areas, such as athletic fields, gymnasiums, and conference and meeting rooms.
- May work in laboratories, "clean rooms," operating rooms, and other hospital areas where a high degree of cleanliness is required to minimize the possible spread of infection.
- Strips the wax from furniture; cleans and polishes furniture.

RELATIONSHIPS WITH OTHERS

The nature of a Cleaner's activities generally restricts relationships to employees working within the same organization section. The Cleaner has frequent verbal communications with the Supervisor and less frequently with other positions in the work crew. Written and/or verbal communications with the general public are not typical of this class, with the tasks being mainly thing oriented. Relationships with others is not a factor in the grade level.

NATURE OF SUPERVISION

A Cleaner has no supervisory responsibilities. Positions in this class are supervised by a higher level custodial position, usually a Janitor or Housekeeper, who assigns tasks and gives detailed instructions. The work of the Cleaner is subject to close supervision in progress and upon completion, although some routine repetitive duties may progressively be performed with greater independence.

JOB REQUIREMENTS

- Working knowledge of the properties of various cleaning substances.
- Ability to understand and follow verbal and simple written instructions.
- Ability to stand, stoop, bend and stretch for long periods of time.
- Ability to perform medium to heavy manual labor.
- Ability to use various cleaning equipment and products.
- Ability to climb ladders and scaffolds.

MINIMUM QUALIFICATIONS

There are no education or experience requirements. Applicants must be physically able to perform medium to heavy physical labor.

COMPETENCY L

PHYSICAL PLANT

1. After you read your job description, briefly write as many important key words that you can remember from the reading about your position.

2. Write down any words you are not familiar with and look in the dictionary for the meaning that best fits how the word is used.

3. Write a summary of your job description from the reading. Include how your job fits in with your coworkers' positions. Use complete sentences and grammar rules. You may wish to use separate paper.

4. Now prepare a final version correcting any errors in spelling, structure, or any other uncertainty in your summary. Use a separate page for your final copy.

Performance Evaluation Program
Administrative, Operational, Institutional Services Units,
and Division of Military and Naval Affairs Unit

ANNUAL PERFORMANCE EVALUATION FORM

INSTRUCTIONS TO SUPERVISORS

AT THE START OF THE EVALUATION PERIOD	AT THE MIDPOINT OF THE EVALUATION PERIOD	AT THE END OF THE EVALUATION PERIOD
Complete Sections 1 and 2A.	Complete Section 3.	Complete Sections 2B, 4, 5 and 6.

SECTION 1 — EMPLOYEE IDENTIFICATION

Enter the following information.

Employee's Name George Smith
Agency/Facility
Social Security Number 000-00-000
Division/Section Physical Plant
Title Groundsworker
Salary Grade 6
Item Number
Evaluation Period From May 15, 1994 To November 15, 1994

Employee's Negotiating Unit ☐ Administrative Services ☑ Institutional Services ☐ Operational Services ☐ DMNA

SECTION 2A — PERFORMANCE PROGRAM List the *important* tasks of the job and briefly describe how you expect each to be performed. Your expectations should be expressed in terms of quality and/or quantity where possible.	**SECTION 2B — PERFORMANCE APPRAISAL** Describe the employee's performance in accomplishing the tasks specified in Section 2A. Explain how the employee's performance met, exceeded or failed to meet your expectations.
1 Maintain the appearance and condition of grounds.	1 Employee very effective in this task has been observed, conscienciously working in gardens and working beyond expectations in this area.
2 Uses hand tools and power tools in a safe and appropriate manner.	2 Employee has some difficulty with power tool use - doesn't always use protective equipment is sometimes careless - leaves mower running while working on another task.
3 Operation of self-propelled vehicles mowers, and light construction equipment This must be done in a safe and appropriate manner.	3 Again occasionally neglects proper maintenance of mowers and leaves equipment unattended
4 Maintain road, walkways and parking lots. These must be free of ice + snow in winter, and free of debris the remainder of the year.	4 Tries to avoid working on this task by prolonged discussion on proper use and prolonged talking with work crew.
5 Maintain athletic fields, cut, rake, resod Prepare lines and fields for athletic events	5 Does a very efficient and effective job with fields

I received a copy of this performance program on ______________
(Date)

Employee ______________
(Initials)

(Attach additional sheets, if necessary)

SECTION 3 — SIX-MONTH RECERTIFICATION (OPTIONAL)

We met within one month before or after the approximate midpoint of the rating period to discuss the employee's performance, and to reaffirm or revise the performance program. (If revised, changes have been reviewed and approved, and revisions are attached.) If a rating were assigned today based upon service to date, I would propose that it be Effective - needs some improvement
(Supervisor fills in one of the five rating categories.) This is not a rating; therefore, it is *not* appealable.

Supervisor ______________ (Signature) ______________ (Date)

Employee ______________ (Signature) ______________ (Date)

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SECTION 4 — SUPERVISOR'S COMMENTS

Comment on other aspects of the employee's performance (such as skills, behaviors, personal characteristics and time and attendance patterns) which have affected the employee's performance or the performance of other employees. Suggest ways in which performance can be improved.

George obviously enjoys his work with gardens and plants in general, he does an excellent job with grounds and athletic fields maintainance - He does poorly with machines and power tools. I advise the he be assigned solely to gardens and grounds while receiving additional instruction on use of power tools and vehicles used exclusively with his gardening position. He has improved his safety and use record since eval.

Prepared by ______________________ ______________________ ______________________
(Print or Type Name) (Signature) (Date)

SECTION 5 — PERFORMANCE RATING

Check the rating which best summarizes the employee's performance, as described in Section 2B and 4. A rating of "Unsatisfactory" must be supported by specific explanation and justification.

☐ **OUTSTANDING:** The employee's performance clearly is exceptional in comparison with expectations, thereby causing the employee to stand out above others in the work unit. Performance consistently exceeds expectations for all tasks. The employee can be relied upon to perform the most difficult tasks and has made exceptional contributions to the work of the employee's work unit or the agency.

☐ **HIGHLY EFFECTIVE:** The employee always meets and frequently exceeds performance expectations for all tasks. The employee is performing better than expected for many of the tasks and is recognized as a particular asset to the work unit.

☐ **EFFECTIVE:** The employee generally meets performance expectations for all tasks and performs in a good, competent manner. This is the expected and usual level of performance for most employees.

☐ **EFFECTIVE — NEEDS SOME IMPROVEMENT:** The employee meets performance expectations at a minimally acceptable level. Some tasks may require extra direction by the supervisor, or the supervisor may find it necessary to avoid assigning the more difficult tasks to the employee.

☐ **UNSATISFACTORY:** The employee clearly does not meet performance expectations for one or more tasks, not even at a minimally acceptable level. The employee requires significant extra direction, or the supervisor finds it necessary to avoid assigning normal tasks to the employee. There is a need for immediate and significant improvement in performance. **Appeals Rights:** Only ratings of UNSATISFACTORY are appealable. Disputes concerning such issues as an employee's performance program, and the rating and appeals process are not subject to appeal. Employees must file an appeal within **15 calendar days** of the receipt of an UNSATISFACTORY rating. Appeals forms and procedural information are available from your personnel office. Employees have the right to a personal appearance and to CSEA-designated representation before the Appeals Board.

SECTION 6 — REVIEW AND APPROVAL

The employee's rating is not final until it is reviewed and approved.

Approved by ______________________ ______________________ ______________________
(Print or Type Name) (Signature) (Date)

SECTION 7 — EMPLOYEE COMMENTS

I met with my supervisor on ______________ to discuss my work performance. I have read this evaluation and discussed it with my supervisor. My signature does not necessarily signify that I agree with this evaluation.

My written comments concerning this evaluation follow (optional) ______________________

______________________ ______________________
(Signature) (Date)

Key

COMPETENCY M

PHYSICAL PLANT

1. What does the word performance mean? job done in a set manner, accomplishment

2. What is an Annual Performance Evaluation form? provides a structured format for each Worker's position

3. Why would an evaluation form be important to your job? areas of improvement are listed for quality of job or job security, better evaluation

4. On what section would you list written comments concerning the evaluation form? Section 6

5. Are you required to write comments from your evaluation? no, comments are optional

6. Who is involved in your evaluation process? the supervisor and the employee

7. Define the meanings of the rating classifications.

Outstanding: performance is exceptional to expectations + consistently exceeds expectations for all tasks.

Highly Effective: meets & frequently exceeds performance expectations for all tasks; employee is recognized as an asset to unit.

Effective: expectations are generally met; performs in a good, competent manner, level of most employees.

Needs some improvement: meets expectations at a minimally accepted level; supervisors may avoid assigning extra or difficult tasks.

Unsatisfactory: clearly does not meet expectations, needs immediate & significant improvement

8. Where would you find comments from the Supervisor for areas to be improved? Section 2B

9. Complete the Employee Comments section using professional language, complete sentences, and observing the rules of grammar.

COMPETENCY M

PHYSICAL PLANT

1. What does the word performance mean?____________________

____

____

2. What is an Annual Performance Evaluation form? __________

____

____

3. Why would an evaluation form be important to your job?

____

____

____

4. On what section would you list written comments concerning the evaluation form? ________________________

5. Are you required to write comments from your evaluation?

____

6. Who is involved in your evaluation process?______________

____

7. Define the meanings of the rating classifications.

Outstanding:____

Highly Effective:____

Effective:____

Needs some improvement:____________________________________

Unsatisfactory:____

8. Where would you find comments from the Supervisor for areas to be improved?_____________________________________

9. Complete the Employee Comments section using professional language, complete sentences, and observing the rules of grammar.

Performance Evaluation Program
Administrative, Operational, Institutional Services Units,
and Division of Military and Naval Affairs Unit

ANNUAL PERFORMANCE EVALUATION FORM

INSTRUCTIONS TO SUPERVISORS

AT THE START OF THE EVALUATION PERIOD Complete Sections 1 and 2A.	**AT THE MIDPOINT OF THE EVALUATION PERIOD** Complete Section 3.	**AT THE END OF THE EVALUATION PERIOD** Complete Sections 2B, 4, 5 and 6.

SECTION 1 — EMPLOYEE IDENTIFICATION

Enter the following information.

Employee's Name ____________________ Agency/Facility ____________________

Social Security Number ____________________ Division/Section ____________________

Title ____________________ Salary Grade __________ Item Number __________

Evaluation Period From ____________________ To ____________________

Employee's Negotiating Unit ☐ Administrative Services ☐ Institutional Services ☐ Operational Services ☐ DMNA

SECTION 2A — PERFORMANCE PROGRAM

List the *important* tasks of the job and briefly describe how you expect each to be performed. Your expectations should be expressed in terms of quality and/or quantity where possible.

1

2

3

4

5

SECTION 2B — PERFORMANCE APPRAISAL

Describe the employee's performance in accomplishing the tasks specified in Section 2A. Explain how the employee's performance met, exceeded or failed to meet your expectations.

1

2

3

4

5

I received a copy of this performance program on ____________________.
(Date)

Employee ____________________
(Initials)

(Attach additional sheets, if necessary)

SECTION 3 — SIX-MONTH RECERTIFICATION (OPTIONAL)

We met within one month before or after the approximate midpoint of the rating period to discuss the employee's performance, and to reaffirm or revise the performance program. (If revised, changes have been reviewed and approved, and revisions are attached.) If a rating were assigned today based upon service to date, I would propose that it be ____________________ (Supervisor fills in one of the five rating categories.) This is not a rating; therefore, it is *not* appealable.

Supervisor ____________________ (Signature) ____________________ (Date)

Employee ____________________ (Signature) ____________________ (Date)

SECTION 4 — SUPERVISOR'S COMMENTS

Comment on other aspects of the employee's performance (such as skills, behaviors, personal characteristics and time and attendance patterns) which have affected the employee's performance or the performance of other employees. Suggest ways in which performance can be improved.

Prepared by ______________________ ______________________ ______________________
(Print or Type Name) (Signature) (Date)

SECTION 5 — PERFORMANCE RATING

Check the rating which best summarizes the employee's performance, as described in Section 2B and 4. A rating of "Unsatisfactory" must be supported by specific explanation and justification.

☐ **OUTSTANDING:** The employee's performance clearly is exceptional in comparison with expectations, thereby causing the employee to stand out above others in the work unit. Performance consistently exceeds expectations for all tasks. The employee can be relied upon to perform the most difficult tasks and has made exceptional contributions to the work of the employee's work unit or the agency.

☐ **HIGHLY EFFECTIVE:** The employee always meets and frequently exceeds performance expectations for all tasks. The employee is performing better than expected for many of the tasks and is recognized as a particular asset to the work unit.

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☐ **EFFECTIVE — NEEDS SOME IMPROVEMENT:** The employee meets performance expectations at a minimally acceptable level. Some tasks may require extra direction by the supervisor, or the supervisor may find it necessary to avoid assigning the more difficult tasks to the employee.

☐ **UNSATISFACTORY:** The employee clearly does not meet performance expectations for one or more tasks, not even at a minimally acceptable level. The employee requires significant extra direction, or the supervisor finds it necessary to avoid assigning normal tasks to the employee. There is a need for immediate and significant improvement in performance. **Appeals Rights:** Only ratings of UNSATISFACTORY are appealable. Disputes concerning such issues as an employee's performance program, and the rating and appeals process are not subject to appeal. Employees must file an appeal within **15 calendar days** of the receipt of an UNSATISFACTORY rating. Appeals forms and procedural information are available from your personnel office. Employees have the right to a personal appearance and to CSEA-designated representation before the Appeals Board.

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Approved by ______________________ ______________________ ______________________
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SECTION 7 — EMPLOYEE COMMENTS

I met with my supervisor on ______________ to discuss my work performance. I have read this evaluation and discussed it with my supervisor. My signature does not necessarily signify that I agree with this evaluation.

My written comments concerning this evaluation follow (optional) ______________________

______________________ ______________________
(Signature) (Date)

key

COMPETENCY N

PHYSICAL PLANT

"Right to Know Law"

1. Read the overview

Q. What is a hazard?

A. Any substance which can cause acute or chronic injury, or which can do so under specific conditions.

Q. What is acute and chronic?

A. Immediate vs. long-term.

2. How does the Right to Know Law affect you?

Q. What is an MSDS and how can you get one?

A. This is a Material Safety Data Sheet and one can fill out forms and give them to the Supervisor.

Q. What is the purpose of the Right to Know Law?

A. To make employees more aware of certain dangers they may encounter while completing their duties or by being in an area where chemicals are in use.

Q. What would one ask them specifically? (Pretend that the tutor is the person you contact)

A. What is the proper storage temperature for Solid Insure for maximum shelf-life?

3. Read the SUNY Emergency & Service Manual.

Q. You find someone passed out near your place of employment as you leave late in the evening. What do you do?

A. Remain calm, call for help, give the location, describe the victim's condition, give your name, listen for instructions.

Q. You see a suspicious looking character as you leave work. You decide to call for an escort. What number do you call?

A. 2226 or Blue Light Phone

4. What else needs to be known?

Key

COMPETENCY N

PHYSICAL PLANT

"The Right to Know Law"

Directions: Unscramble the words listed below.

1. milaheccs chemicals
2. xlsevepoi explosives
3. hncorci chronic
4. upersnoicat precautions
5. paitoteln potential
6. dutperovecir reproductive
7. xotci toxic
8. rorosseivc corrosives
9. nsonegcrcia carcinogens
10. hzdsoarua hazardous
11. stairiran irritants
12. pusetdcs suspected
13. tenssizires sensitizers
14. atsbunsec substances
15. tucae acute
16. atevrcie reactive

---

chronic
explosives
corrosives
reproductive

irritants
suspected
potential
carcinogens

sensitizers
reactive
precautions
substances

acute
hazardous
chemicals
toxic

Key

COMPETENCY N

PHYSICAL PLANT

Answer according to the "Right to Know Law".

1. What kind of dangers could you encounter while working in an area with chemicals?

chemical burns on skin, eye, etc.
breathing toxic fumes, accidental
ingestion

2. What is the "Right to Know Law"?

It is a person's right to know of
any possible danger that exist from chemicals
or materials used in the workplace
and what precautions to take.

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Key

COMPETENCY N

PHYSICAL PLANT

2.2 "The Right to Know Law"

A. Employer must provide health and safety training to workers who handle chemicals.

B. Employer must provide personal protective Equipment, also known as PPE.

C. Employers must maintain records of employees and the chemicals with which they have worked.

D. An employee may request a Material Safety Data Sheet (MSDS) or chemical fact sheet.

E. Employees can not be discriminated against for making a Right to Know request.

Word List

health safety chemicals

Material Safety Data Sheet Right to Know

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BEST COPY AVAILABLE

COMPETENCY N

PHYSICAL PLANT

"Right to Know Law"

1. Read the overview

Q. What is a hazard?

A. ____

____

____

Q. What is acute and chronic?

A. ____

____

2. How does the Right to Know Law affect you?

Q. What is an MSDS and how can you get one?

A. ____

____

Q. What is the purpose of the Right to Know Law?

A. ____

____

Q. What would one ask them specifically? (Pretend that the tutor is the person you contact)

A. ____

____

3. Read the SUNY Emergency & Service Manual.

Q. You find someone passed out near your place of employment as you leave late in the evening. What do you do?

A. ____

____

Q. You see a suspicious looking character as you leave work. You decide to call for an escort. What number do you call?

A. ____

4. What else needs to be known?

____

____

COMPETENCY N

PHYSICAL PLANT

"The Right to Know Law"

Directions: Unscramble the words listed below.

1. milaheccs ____________________
2. xlsevepoi ____________________
3. hncorci ____________________
4. upersnoicat ____________________
5. paitoteln ____________________
6. dutperovecir ____________________
7. xotci ____________________
8. rorosseivc ____________________
9. nsonegcrcia ____________________
10. hzdsoarua ____________________
11. stairiran ____________________
12. pusetdcs ____________________
13. tenssizires ____________________
14. atsbunsec ____________________
15. tucae ____________________
16. atevrcie ____________________

---

chronic
explosives
corrosives
reproductive
irritants
suspected
potential
carcinogens
sensitizers
reactive
precautions
substances
acute
hazardous
chemicals
toxic

COMPETENCY N

PHYSICAL PLANT

Answer according to the "Right to Know Law".

1. What kind of dangers could you encounter while working in an area with chemicals?

____

____

____

____

____

____

2. What is the "Right to Know Law"?

____

____

____

____

____

____

____

COMPETENCY N

PHYSICAL PLANT

2.2 "The Right to Know Law"

A. Employer must provide ____________________ and ____________________ training to workers who handle chemicals.

B. Employer must provide __________________ ____________________ ________________________, also known as PPE.

C. Employers must maintain records of employees and the ____________________ with which they have worked.

D. An employee may request a _________________ ________________ __________ _____________ (MSDS) or chemical fact sheet.

E. Employees can not be discriminated against for making a ______________ ____ ___________ request.

Word List

health safety chemicals

Material Safety Data Sheet Right to Know

Overview

Your "Right to Know" Law

The purpose of this program is to make you more aware of the potential dangers involved in working with certain chemicals and the proper precautions to take when using chemicals.

Most chemicals used in food service are not extremely dangerous but it is important to use them properly and follow directions for their use. It is your "Right to Know" what dangers are involved and what precautions to take.

Federal and State Law requires that

--employees be informed about the toxic chemicals with which they work

--employees be provided with a 72 hour response to written requests for information on chemical substances with which they work

--records be kept on employees exposed to certain chemicals

--containers of hazardous chemical be labeled

--records be kept on all hazardous chemicals used in the workplace

What is a Hazard?

A hazardous or toxic chemical is "any chemical substance which can cause acute or chronic injury to the human body, or which is suspected of being able to cause disease or injury, under some conditions".

Health hazards can be of two types. Physical hazards include, fire hazards, explosives and reactive chemicals which undergo chemical changes that produce other hazardous chemicals or heat and high pressure. Chemical hazards include:

-carcinogens (cancer-causing)   -highly toxic   -toxic

-corrosives   -target organ effects   -irritants

-reproductive hazards (mutagens & teratogens)   -sensitizers

---------------most hazardous------------------

Definition of terms:

carcinogens - known or suspected cancer-causing substances

corrosives - cause severe damage to body tissues, e.g. burns, on contact

highly toxic- extremely poisonous in extremely small doses

irritants - cause inflammation of the skin or eyes

sensitizers - cause a substantial proportion of exposed people to develop an allergic reaction over a series of repeated exposures

toxic - larger doses are required to cause an effect

target organ effects - The standard gives examples of chemicals that selectively damage the liver, kidneys, nervous system, blood or blood-forming organs, lungs, reproductive system, skin, or eyes.

reproductive hazards - cause changes (mutations) in the egg or sperm, or they cause damage (teratogenesis) to the fetus

You can request an MSDS using forms provided to your Supervisors.

CONTROL OF HAZARDOUS ENERGY SOURCES

Lockout/Tagout (Safety Manual)

I. PURPOSE

The purpose of this policy is to establish a program to ensure that machines or equipment are isolated from all potentially hazardous energy before employees perform any servicing or maintenance activities where unexpected energization, start up or release of stored energy could cause injury or fatality.

II. SCOPE

This policy is for university-wide application.

III. GENERAL

A. Affected departments (i.e. physical plant and departments with internal shop facilities) are to supply each supervisor with lockout and tagout devices sufficient for all persons in his/her assigned area of responsibility who are to be trained and authorized to perform a lockout or tagout. Physical plant supervisors will receive two types of locks; personal locks and shop locks (see VIIIA). Personal locks shall have only one key except that there may be a master key for each department. Shop locks shall be keyed the same and shall not be duplicated by any other shop.

B. Supervisors shall issue locks only to trained and authorized personnel under his/her supervision either on a permanent or an as-needed basis. A record shall be kept as to who locks or tagout devices are issued and when returned.

C. All equipment operated by air, electricity, etc. shall be locked out or tagged out to protect against accidentally or inadvertent operation when such equipment is being inspected or repaired. No one shall attempt to operate any switch, valve or other energy isolating device that is locked out or tagged out.

D. Each person assigned to work on machines or equipment requiring lockout shall place his or her personal lockout device or tagout device on the energy isolating device(s). when an energy isolating device cannot accept multiple locks or tags a multiple lockout or tagout hasp shall be used.

IV. EXCLUSIONS FROM COVERAGE

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A. Normal procedures including repetitive, routine minor adjustments and maintenance.

B. Work on cord and plug connected electric equipment when it is unplugged.

C. Hot tap operations including gas, steam, water or petroleum products when continuity of service is essential, shutdown is impractical and documented procedures are followed to provide proven effective protection for employees.

V. SEQUENCE OF LOCKOUT OR TAGOUT SYSTEM PROCEDURE

The person or persons performing a lockout or tagout shall:

A. Notify all affected employees that a lockout or tagout system is going to be utilized, the equipment to be involved and the reason therefore. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.

B. If the machine or equipment is operating, shut it down by normal stopping procedure depress stop button, open toggle switch, etc.).

C. Locate the points of energy distribution.

D. Operate the switch, valve or other energy isolating device(s) to the on or closed position so that the equipment is isolated from the energy source(s). Stored energy (such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas steam or water pressure, etc.) shall be dissipated or restrained by a method such as repositioning, blocking, bleeding down, etc.

E. Lockout and/or tagout the energy isolating devices with assigned personal lock(s) or tag(s)

F. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button(s) or other normal operating controls to make certain the equipment will not operate. When working on electrical circuitry, test for de-energization with a meter.

CAUTION: Return operating control(s) to "neutral" or "off"
position after the test.

G. The equipment is now locked out or tagged out.

VI. RESTORING MACHINES OR EQUIPMENT TO NORMAL OPERATIONS

A. After the servicing and/or maintenance is complete, remove all tools and reinstall any guards which may have been removed.

B. Check the area around the machines or equipment to make sure all other employees are in the clear.

C. Remove all tags and lockout devices and operate the equipment.

VII. SHIFT OR PERSONNEL CHANGES

When work necessitating a lockout or tagout is not completed on a given shift and work continues into a succeeding shift off-going personnel involved shall remove their lockout or tagout devices and on coming personnel shall install theirs. Supervisory personnel shall monitor these situations and if necessary install their own lockout or tagout device so that at no time will the equipment or machinery be without a lockout or tagout device.

VIII. WHEN NECESSARY TO LEAVE AN INCOMPLETED JOB

A. Physical Plant personnel who find it necessary to leave an incompleted job still requiring a lockout or tagout shall install a shop lock and then remove their personal lock. The intent is that physical plant personnel shall have their personnel locks with them at all times either in use or in their possession.

B. Non-physical plant personnel who find it necessary to leave an incompleted job shall not remove their personal lock, but shall obtain and use additional personal locks as necessary for other jobs.

IX. FAILURE TO REMOVE A LOCKOUT OR TAGOUT DEVICE

Only the employee who installs a lockout or a tagout device shall remove it. However, when such an employee is not available, the device may be removed under the direction of supervision provided that it is verified that:

A. The authorized employee who installed the device is not at the facility.

B. All reasonable efforts are made to contact the employee to inform him/her that his/her lockout or tagout device needs to be removed.

C. The employee is informed of such removal before he or she returns to work at the facility.

X. OUTSIDE PERSONNEL (CONTRACTORS,ETC.)

A. Whenever outside servicing personnel are engaged in activities covered by the scope and application of this policy the outside employer and the university shall inform each other of their respective lockout or tagout procedures.

B. The university shall ensure that its personnel understand and comply with restrictions of the Outside employers energy control procedures.

XI. RESPONSIBILITIES

A. The Department Head, Physical Plant Director or their designee shall be responsible for:

1. Selecting and maintaining an adequate supply of lockout and tagout devices.
2. Designating and arranging for the necessary training of employees authorized to perform a lockout or tagout.
3. Auditing the program annually.
4. Maintaining related records (training documentation).

B. Supervisory personnel shall be responsible for:

1. Assuring that only trained and authorized subordinates perform a lockout or tagout.
2. Assuring that a lockout or tagout is performed when necessary.
3. Maintaining related records (who locks are issued to).
4. Removing a lock from service when a key is reported lost.

C. Employees are responsible for:

1. Implementing a lockout or tagout when necessary if authorized to do so.
2. Removing locks or tags promptly when work necessitating their installation has been completed.

4.

3. Reporting the loss of a lock, key or tag immediately to their supervisor.

Right-to-Know

SUNY BROCKPORT
HAZARD COMMUNICATION PROGRAM

GENERAL POLICY

The purpose of this policy is to inform the employees at SUNY Brockport that we are complying with the OSHA Hazard Communication Standard, Title 29 Code of Federal Regulations 1910.1200 by compiling a Hazardous Chemicals list, by using MSDSs, by ensuring that containers are labeled, and by providing employees with training.

This program applies to all work operations at SUNY Brockport where employees may be exposed to hazardous substances under normal working conditions or during an emergency situation.

Under this program, the employees will be informed of the contents of the hazard communication standard, the hazardous properties of chemicals with which the employees work, safe handling procedures, and measures to take to protect the employees from these chemicals.

HAZARDOUS CHEMICALS

The Health and Safety Officer will make a list of all hazardous chemicals and related work practices used at SUNY Brockport and at E.O.C. and will update the list as necessary.

Each list also identifies the corresponding MSDS for each chemical. A master list of these chemicals will be maintained by the Office of Health and Safety at Plant Management.

MATERIAL SAFETY DATA SHEETS (MSDSs)

MSDSs provide the employee and the employer with specific information on the chemicals they are using.

A list of MSDSs on every substance on the list of hazardous chemicals will be maintained in the Office of Health and Safety at Plant Management.

MSDSs for hazardous materials will be made readily available to employees at their work station. The Health and Safety Officer is responsible for acquiring and updating MSDSs.

All new procurements for SUNY Brockport and E.O.C. must be cleared by the Health and Safety Office, Plant Management. Also, a master list of MSDSs is available from the Office of Health and Safety.

LABELS AND OTHER FORMS OF WARNING

The Health and Safety Office will ensure that all hazardous chemicals at SUNY Brockport and E.O.C. are properly labeled and updated, as necessary.

Labels should list the chemical identity, appropriate hazard warnings and the name and address of the manufacturer.

NON-ROUTINE TASKS

When employees are required to perform hazardous non-routine tasks, (like entering confined spaces) a special training session will be conducted to inform employees regarding the hazards to which employees might be exposed and the proper precautions to take to reduce or avoid exposure.

TRAINING

Employees who work or are potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication Standard and the safe use of those hazardous chemicals by the Health and Safety Office or a designee.

The training plan will emphasize these items:
1) Summary of the standard and this written program;
2) Chemical and physical properties of hazardous materials and methods that can be used to detect the presence or release of chemicals;
3) Physical hazards of chemicals (e.g., potential for fire, explosion, etc.);
4) Health hazards, including signs and symptoms of exposure, associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical;
5) Procedures to protect against hazards (e.g., personal protective equipment required, proper use, and maintenance work practices or methods to assure proper use and handling of chemicals and procedures for emergency response);
6) Work procedures to follow to assure protection when cleaning hazardous chemical spills and leaks;
7) Where MSDSs are located, how to read and interpret the information on both labels and MSDSs and how employees may obtain additional hazard information.

The Office of Health and Safety or designee will review the employee training program and advise the employee supervisor on the training or retraining to meet the employee needs. It will be the policy of SUNY Brockport to provide training regularly in safety meetings to ensure the effectiveness of the program. As part of the assessment of the training, we will obtain input from employees regarding the training they have received and their suggestions for improving it.

CONTRACTOR EMPLOYERS

The Office of Health and Safety, upon notification by the responsible supervisor, will advise outside contractors in person of any chemical hazards that may be encountered in the normal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used.

The Office of Health and Safety will notify these individuals of the location and availability of MSDSs. Each contractor bringing chemicals on-site must provide us with the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

ADDITIONAL INFORMATION

All employees, or their designated representatives, can obtain further information on this written program, the Hazard Communication Standard, applicable MSDSs, and chemical information lists at the Health and Safety Office at Plant Management or by calling 395-2495.

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COMPETENCY O

PHYSICAL PLANT

1. Answer the following questions while reviewing the Material Safety Data Sheet for Regain.

Is the product hazardous? Yes, on the skin, inhaled or swallowed.

What do you do if you get it in your eye or if you swallow it?

eyes, flush with cool, running water, remove contact lenses, may cause blindness - see physician.

if swallowed, harmful or fatal, causes chemical burns of mouth, throat or stomach. Call physician immediately.

Should you use any protective equipment with it?

Yes, rubber gloves, splashproof goggles, possibly mask

How do you clean up a spill of this product?

dike or dam large spills. pump to container, soak up on inert absorbunt, flush to sanitary sewer.

Is there anything else that is special about this product that someone should know?

Keep from freezing, avoid mixing with anything but water, avoid breathing dusts, or mists of the product.

2. Briefly describe what is wrong with the following scenario based on reviewing the MSDS for Tri Star Spectra.

Your supervisor tells you to clean a spot on a section of the carpet. A co-worker recommends Tri Star Spectra.

In the cleaning supply closet you locate a bottle labeled Tri Star Spectra. It contains ① a colorless liquid.

Another co-worker tells you not to worry, you can smoke while using Tri Star Spectra. From the supply closet you ② also select rubber gloves.

Later, you supervisor tells you ③ to clean the aluminum siding on a piece of equipment.

While using the product, a small quantity ④ splashes on your chin. You wipe your chin on your sleeve and continue working.

1. Tri Star Spectra is a light-blue liquid.
   (So this may not be Tri Star Spectra.)
2. Splash proof goggles are also required.
3. Tri Star Spectra reacts violently with soft metals.
4. Tri Star Spectra causes severe chemical burns and should be washed off with cool running water for at least 15 minutes.

COMPETENCY O

PHYSICAL PLANT

Using Chemicals with Caution

Assessing Client Experience with Chemicals

As with most competencies, the first step should be to assess the participant's familiarity with the topic. Begin by talking with the participant about what sort of chemicals, if any, he/she typically comes in contact with. The tutor can move the discussion into any dangerous situations the participant has observed or encountered. Alternatively, the tutor can relate his/her own experiences with chemicals (e.g., in chemistry class, at home, etc.). At some point, the tutor should begin to realize what areas of this competency need to be covered thoroughly. For example: If the client shows no awareness of safety procedures, this indicates a need to cover such procedures in depth.

Federal Law Relating to Chemicals

Relate to the participant the need for federal laws pertaining to the proper use of various chemicals. In order to prevent most major accidents, chemicals must have labels which detail proper usage and handling procedures. Inappropriate use is illegal and is a punishable offense incurring fines and possible incarceration.

The participant should be shown an example of a chemical container. An example might be Fortress Bacterial Digestant-

Deodorant. It is intended to be used as an industrial and institutional (i.e., not for home use) digestant/deodorizer. That is, it cuts through grease and organic waste as well as deodorizes. The correct application depends on the surface being cleaned but it is typically applied straight, without mixing with water. No protective equipment is required, although you should not get any in your eyes or drink it.

After taking the participant through one example of a chemical container, it should be the participant's turn to pick out a chemical container and explain to the tutor the appropriate **intended use, correct application,** and **procedures.** After the participant finishes, the tutor may want to ask the participant questions pertaining to the intended purpose, safety conditions, and any protective equipment required. An example might be related to a chemical that is not be mixed with water and says so on the label; the question might be phrased as, "What do you do when someone suggests that you mix the chemical with water to dilute it?" An appropriate answer would be to show them the label where it says "do not mix with water". This may be because of a possible reaction. The point is that there are certain safety precautions which are specific to each chemical and the procedures for one chemical for one chemical do not generalize to all chemicals used by the participant.

The Material Safety Data Sheet

The Material Safety Data Sheet is a federal requirement for all industrial/institutional chemicals. It provides the user with information pertaining to the chemicals name, ingredients, safety procedures, intended use, etc. Basically, it includes everything necessary for using the product and using it safely. For those participants who usually come in contact with chemical products, there should be a hanging file containing the MSDS for all products.

It is necessary for the participant to understand the general format of the MSDS. The participant should be able to refer to any MSDS quickly and find the information necessary, such as an emergency phone number or first aid procedures. The MSDS format is one of organizational headings separating important information. The 10 general headings are:

1. Identification
2. Hazardous Components
3. Physical Data
4. Fire and Explosion Data
5. Reactivity Data
6. Spill and Leak Procedures
7. Health Hazard Data
8. First Aid
9. Special Protection Information
10. Additional Information/Precautions

The tutor should take the participant through at least one MSDS, showing the participant where to find the name, the chemical components of the product, etc. The tutor should note that information contained in the MSDS will be more or less important depending on the situation the participant is involved in. For example, if the participant has somehow ingested a chemical product, they need to know where to find the first aid procedures more so than the reactivity data. However, if they are calling a first aid hotline, they need to know the product name and any serial number. Questions should be developed that are geared towards different situations pertinent to the participant's workplace.

Within each MSDS, there are a number of abbreviations used which are explained at the bottom of the sheet. For example: UNK means "Unknown at This Time". It is important for the participant to be able to refer to the footnotes at the bottom of the MSDS to find out what each abbreviation means.

It is not necessary for participants to know what each chemical component in the product is. However, they may need to know hat an acid is. Each MSDS may have its own difficult vocabulary. therefore, the tutor should prepare by reviewing the MSDS that will be used in a given tutoring session and know the vocabulary to be addressed.

Possible words to ask the participant for definitions are:

Hazardous: marked by danger; harmful

Component: a constituent, ingredient, or element

Solubility: the degree to which something can be dissolved, as in water

Combustion: the process of burning

Reactivity: tendency for something to be responsive or react

Stability: the degree to which something remains fixed or stationary

Inert: Unable to move or act

Absorbent: Able to take in as through pores

Residue: the remainder of something after parts are taken away

Sanitary: free of elements such as filth or pathogens

Disposal: the act or process of getting rid of something

Restrictions: a regulation or limitation

Corrosive: having the capability of causing damage, usually by oxidation

Vital: of or relating to life, necessary to the continuation of life

Susceptible: easily influenced or sensitive

Respiratory: relating to breathing

Gauntlet: heavy gloves

Precautions: an action taken in advance to prevent damage or danger

Any questions the participant may have while on duty, can be answered by the MSDS file--which should be readily available to them--or he/she may ask his/her supervisor.

An alternate plan is to call the manufacturer or company which produces the chemical product. The participant should know where to find the number and also be ready to ask any questions they may have. The tutor should role play a scenario in which the participant calls the manufacturer, with the tutor acting as the manufacturer. It is important for the participant to realize they should make the call before they begin using the product.

Organizational Emergency Procedures

The participant should be able to recall the guidelines for dealing with an emergency as per their workplace supervisor or the SUNY Brockport Emergency & Service Manual.

918730 *MATERIAL SAFETY DATA SHEET* PAGE 1 OF 2

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

ECOLAB INC.
ST. PAUL MN 55102

PRODUCT INFORMATION: 1-612-293-2233
DATE OF ISSUE: JUNE 15, 1989

1.0 IDENTIFICATION /

1.1 PRODUCT NAME: [redacted] REGAIN
1.2 PRODUCT TYPE: ~~HEAVY~~ DUTY LIQUID STRIPPER/DEGREASER

++ SECTION 2 PROVIDES SARA SECTION 313 REPORTING INFORMATION ++

2.0 HAZARDOUS COMPONENTS /

	AIR LIMITS (MG/M3)		
	%	PEL	OTHER
2.1 AMMONIUM HYDROXIDE 1336-21-6	<1	35	18*
		*STEL = 27	
2.2 SODIUM METASILICATE 6834-92-0	<2	NONE	UNK
2.3 ETHANOLAMINE (MEA) 141-43-5	5	6	UNK
2.4 BUTOXYETHANOL (BUTYL CELLOSOLVE(TM)) 111-76-2	4	240	120

THIS PRODUCT CONTAINS NO OTHER COMPONENT CONSIDERED HAZARDOUS ACCORDING TO THE CRITERIA OF 29 CFR 1910.1200.

3.0 PHYSICAL DATA /

3.1 APPEARANCE AND ODOR: GREEN LIQUID; PINE WITH AMMONIA ODOR.
3.2 SOLUBILITY IN WATER: COMPLETE
3.3 PH: (100%) 13.0-13.5; (10%) 12.3-12.8
3.4 BOILING POINT: 212 DEG F SPECIFIC GRAVITY: 1.03-1.05

4.0 FIRE AND EXPLOSION DATA /

4.1 SPECIAL FIRE HAZARDS: NONE
4.2 FIRE FIGHTING METHODS: PRODUCT DOES NOT SUPPORT COMBUSTION.

5.0 REACTIVITY DATA /

5.1 STABILITY: STABLE UNDER NORMAL CONDITIONS OF HANDLING.
5.2 CONDITIONS TO AVOID: DO NOT MIX WITH ANYTHING BUT WATER.

6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 CLEANUP: DIKE OR DAM LARGE SPILLS. PUMP TO CONTAINERS OR SOAK UP ON INERT ABSORBENT. FLUSH RESIDUE TO SANITARY SEWER.
6.2 WASTE DISPOSAL: CONSULT STATE AND LOCAL AUTHORITIES FOR RESTRICTIONS ON DISPOSAL OF CHEMICAL WASTE. UNUSED PRODUCT AS A WASTE IS CORROSIVE (D002) BY RCRA CRITERIA.

UNK = UNKNOWN AT THIS TIME
PEL = PERMISSIBLE EXPOSURE LIMIT
TLV = THRESHOLD LIMIT VALUE
STEL = SHORT TERM EXPOSURE LEVEL
C = CEILING LIMIT, NOT TO BE EXCEEDED

7.0 HEALTH HAZARD DATA / DANGER

7.1 EFFECTS OF OVEREXPOSURE:
SKIN AND EYES: CAUSES SEVERE CHEMICAL BURNS. EYE CONTACT MAY CAUSE BLINDNESS. HARMFUL CONTACT MAY NOT CAUSE IMMEDIATE PAIN.
++ IMMEDIATE WATER FLUSHING IS VITAL IN CASE OF EYE CONTACT. ++
IF SWALLOWED: HARMFUL OR FATAL. CAUSES CHEMICAL BURNS OF MOUTH, THROAT AND STOMACH.
IF INHALED: DAMAGES AIRWAYS AND LUNGS, DEPENDING UPON AMOUNT AND DURATION OF EXPOSURE. EFFECTS CAN VARY FROM SLIGHT IRRITATION TO BRONCHITIS OR PNEUMONIA. PEOPLE WITH ASTHMA OR OTHER LUNG PROBLEMS MAY BE MORE SUSCEPTIBLE.

7.2 NOTE: BUTOXYETHANOL PENETRATES SKIN. IN RODENTS, HEAVY DOSES DAMAGE RED BLOOD CELLS, WITH INJURY TO LIVER, KIDNEY AND SPLEEN. HUMANS AND OTHER SPECIES ARE MORE RESISTANT. CAN INJURE EYES.

8.0 FIRST AID /

8.1 EYES: IMMEDIATELY FLUSH WITH PLENTY OF COOL RUNNING WATER. REMOVE CONTACT LENSES. CONTINUE FLUSHING FOR AT LEAST 15 MINUTES, HOLDING EYELIDS APART TO ENSURE RINSING OF THE ENTIRE EYE.
CALL A PHYSICIAN IMMEDIATELY.

8.2 SKIN: IMMEDIATELY FLUSH SKIN WITH PLENTY OF COOL RUNNING WATER FOR AT LEAST 15 MINUTES WHILE REMOVING CONTAMINATED CLOTHING AND SHOES. WASH CLOTHING BEFORE REUSE.

8.3 IF SWALLOWED: RINSE MOUTH AT ONCE; THEN DRINK 1 OR TWO LARGE GLASSES OF WATER OR MILK. DO NOT INDUCE VOMITING. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

8.4 IF INHALED: IMMEDIATELY MOVE TO FRESH AIR.

CALL A POISON CONTROL CENTER OR PHYSICIAN IMMEDIATELY

9.0 SPECIAL PROTECTION INFORMATION /

9.1 RESPIRATORY: AVOID BREATHING DUSTS OR MISTS OF THIS PRODUCT.
9.2 SKIN: RUBBER GLOVES - PROTECTIVE CUFF OR GAUNTLET TYPE PREFERRED.
9.3 EYES: SPLASHPROOF GLASSES, GOGGLES OR FACE SHIELD.
9.4 OTHER: AVOID CONTACT WITH USE SOLUTIONS. THESE MAY ALSO BE HAZARDOUS.

10.0 ADDITIONAL INFORMATION/PRECAUTIONS /

10.1 DOT CLASS: NOT DOT REGULATED.
10.2 KEEP FROM FREEZING.

KEEP OUT OF REACH OF CHILDREN

THE ABOVE INFORMATION IS BELIEVED TO BE CORRECT WITH RESPECT TO THE FORMULA USED TO MANUFACTURE THE PRODUCT. AS DATA, STANDARDS AND REGULATIONS CHANGE, AND CONDITIONS OF USE AND HANDLING ARE BEYOND OUR CONTROL, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

959239 ***MATERIAL SAFETY DATA SHEET*** PAGE 1 OF 2

MEDICAL EMERGENCY ONLY, 24 HOUR SERVICE: 1-800-328-0026

ECOLAB INC.
ST. PAUL MN 55102

PRODUCT INFORMATION: 1-612-293-2233
DATE OF ISSUE: JUNE 16, 1988

1.0 IDENTIFICATION /

1.1 PRODUCT NAME: TRI STAR SPECTRA [redacted]
1.2 PRODUCT TYPE: HIGH ALKALINE LIQUID DETERGENT

2.0 HAZARDOUS COMPONENTS /

		TLV (MG/M3)	
	%	PEL	OTHER
2.1 SODIUM HYDROXIDE (CAUSTIC SODA) 1310-73-2	35	2	2 C

THIS PRODUCT CONTAINS NO OTHER COMPONENT CONSIDERED HAZARDOUS ACCORDING TO THE CRITERIA OF 29 CFR 1910.1200.

3.0 PHYSICAL DATA /

3.1 APPEARANCE AND ODOR: LIGHT BLUE, OPAQUE, VISCOUS LIQUID.
3.2 SOLUBILITY IN WATER: COMPLETE
3.3 PH: 100% = 13.0-14.0; 0.2% = 11.5-12.5
3.4 BOILING POINT: >212 DEG F SPECIFIC GRAVITY: 1.36-1.40

4.0 FIRE AND EXPLOSION DATA /

4.1 SPECIAL FIRE HAZARDS: NONE
4.2 FIRE FIGHTING METHODS: PRODUCT DOES NOT SUPPORT COMBUSTION.

5.0 REACTIVITY DATA /

5.1 STABILITY: STABLE UNDER NORMAL CONDITIONS OF HANDLING.
5.2 CONDITIONS TO AVOID: REACTS VIOLENTLY WITH ACIDS. REACTS WITH SOFT METALS SUCH AS ALUMINUM AND ZINC.

6.0 SPILL OR LEAK PROCEDURES / USE PROPER PROTECTIVE EQUIPMENT

6.1 CLEANUP: RINSE SMALL AMOUNTS TO DRAIN WHERE POSSIBLE. DIKE OR DAM LARGE SPILLS; PUMP TO CONTAINERS OR SOAK UP ON INERT ABSORBENT. FLUSH RESIDUE TO SANITARY SEWER; RINSE AREA THOROUGHLY.
6.2 WASTE DISPOSAL: CONSULT STATE AND LOCAL AUTHORITIES FOR RESTRICTIONS ON DISPOSAL OF CHEMICAL WASTE. UNUSED PRODUCT AS A WASTE IS CORROSIVE (D002) BY TO RCRA CRITERIA.

UNK = UNKNOWN AT THIS TIME
PEL = PERMISSIBLE EXPOSURE LIMIT
TLV = THRESHOLD LIMIT VALUE
STEL = SHORT TERM EXPOSURE LEVEL
C = CEILING LIMIT, NOT TO BE EXCEEDED

7.0 HEALTH HAZARD DATA / DANGER

7.1 EFFECTS OF OVEREXPOSURE:
SKIN AND EYES: CAUSES SEVERE CHEMICAL BURNS. EYE CONTACT MAY CAUSE BLINDNESS. HARMFUL SKIN CONTACT MAY NOT CAUSE IMMEDIATE PAIN.
++ IMMEDIATE WATER FLUSHING IS VITAL IN CASE OF EYE CONTACT. ++
IF SWALLOWED: HARMFUL OR FATAL. CAUSES CHEMICAL BURNS OF MOUTH, THROAT AND STOMACH.

8.0 FIRST AID /

8.1 EYES: IMMEDIATELY FLUSH WITH PLENTY OF COOL RUNNING WATER. REMOVE CONTACT LENSES. CONTINUE FLUSHING FOR AT LEAST 15 MINUTES, HOLDING EYELIDS APART TO ENSURE RINSING OF THE ENTIRE EYE. CALL A PHYSICIAN IMMEDIATELY.
8.2 SKIN: IMMEDIATELY FLUSH SKIN WITH PLENTY OF COOL RUNNING WATER FOR AT LEAST 15 MINUTES WHILE REMOVING CONTAMINATED CLOTHING AND SHOES. WASH CLOTHING BEFORE REUSE.
8.3 IF SWALLOWED: RINSE MOUTH AT ONCE; THEN DRINK 1 OR TWO LARGE GLASSES OF WATER OR MILK. DO NOT INDUCE VOMITING. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

CALL A POISON CONTROL CENTER OR PHYSICIAN IMMEDIATELY

9.0 SPECIAL PROTECTION INFORMATION /

9.1 EYES: SPLASHPROOF GLASSES, GOGGLES OR FACE SHIELD.
9.2 SKIN: RUBBER GLOVES - PROTECTIVE CUFF OR GAUNTLET TYPE RECOMMENDED.
9.3 OTHER: AVOID CONTACT WITH USE SOLUTIONS OF THIS PRODUCT, AS THESE MAY ALSO BE HAZARDOUS.

10.0 ADDITIONAL INFORMATION/PRECAUTIONS /

10.1 DOT CLASS: ALKALINE LIQUID, NOS / CORROSIVE MATERIAL NA 1719
10.2 KEEP FROM FREEZING.

KEEP OUT OF REACH OF CHILDREN

THE ABOVE INFORMATION IS BELIEVED TO BE CORRECT WITH RESPECT TO THE FORMULA USED TO MANUFACTURE THE PRODUCT. AS DATA, STANDARDS AND REGULATIONS CHANGE, AND CONDITIONS OF USE AND HANDLING ARE BEYOND OUR CONTROL, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

COMPETENCY O

PHYSICAL PLANT

1. Answer the following questions while reviewing the Material Safety Data Sheet for Regain.

   Is the product hazardous? ______________________________

   What do you do if you get it in your eye or if you swallow it?

   ____

   ____

   Should you use any protective equipment with it?

   ____

   How do you clean up a spill of this product?

   ____

   ____

   Is there anything else that is special about this product that someone should know?

   ____

   ____

2. Briefly describe what is wrong with the following scenario based on reviewing the MSDS for Tri Star Spectra.

Your supervisor tells you to clean a spot on a section of the carpet. A co-worker recommends Tri Star Spectra.

In the cleaning supply closet you locate a bottle labeled Tri Star Spectra. It contains a colorless liquid.

Another co-worker tells you not to worry, you can smoke while using Tri Star Spectra. From the supply closet you also select rubber gloves.

Later, you supervisor tells you to clean the aluminum siding on a piece of equipment.

While using the product, a small quantity splashes on your chin. You wipe your chin on your sleeve and continue working.

Key

COMPETENCY P

PHYSICAL PLANT

1. That irritant made my skin red and sore.

2. What precautions will you take to keep people from slipping on the wet floor when they walk through this area?

3. Nancy's skin burned due to prolonged exposure to the sun while working outside.

4. When I accidently mixed the bleach with ammonia, the reactivity caused fumes which burned my eyes.

5. The hoarseness in his voice was caused by the inhalation of smoke fumes from the fire.

6. When I spilled the caustic acid on the chair, the paint came off.

7. While painting the room you should open the windows so that there will be adequate ventilation.

8. If a caustic chemical is ingested, do not induce vomiting.

9. Once the building caught on fire, it burned quickly and easily, proving that it was very combustible.

10. The First Aid Cream is only to be used externally on your arm where the rash is.

---

corrosive
irritant
induce vomiting
reactivity
inhalation
precautions
combustible
externally
prolonged exposure
adequate ventilation

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Key KEY

COMPETENCY P
PHYSICAL PLANT

Match Column B with the definitions in Column A.

A

1. A milky white aqueous suspension of magnesium hydroxide used as an antacid and a laxative. 4
2. The degree to which how easily something is set on fire. 8
3. Something thinned out or weakened by mixing with something else. 2
4. To pass into or through by piercing or to spread throughout. 7
5. A substance that is taken to work against the effect of a poison. 9
6. Laws, orders, or warnings that stop, hold back, or prevent someone from doing something. 5
7. Something that separates or holds apart from. 3
8. To clean, rinse or empty with a rapid flow of liquid,(i.e.water) as with the eyes or skin. 10
9. To take in or for digestion to absorb. 1
10. That which has been made impure, dirty, or infected by mixing with something else that is dirty. 6

B

1. ingestion
2. dilution
3. barrier protection
4. milk of magnesia
5. prohibitions
6. contaminated
7. penetrate
8. flamability
9. antidote
10. flush eyes/skin

LABEL INFORMATION

#219

NUTRA-RINSE®

NEUTRALIZER AND CONDITIONER

Biodegradable and Phosphate Free

Specially formulated as a neutralizer and conditioner
for the removal of alkali residue or salts from all types of floors,
ceramic tile, walls, aluminum, chrome, stainless steel and formica surfaces

DIRECTIONS FOR USE

FLOORS: To aid in the removal of alkali residue left by floor strippers, dilute Nutra-Rinse 4 oz. to each gallon of water (1:32). Apply liberal amount of solution, let stand 5 minutes and recover with wet vacuum. Damp mop rinse a second time with clean water.

To neutralize ice-melt compounds on floor surfaces, dilute Nutra-Rinse 4 oz per gallon of water (1:32). Damp mop floor and allow to dry

CARPET: To neutralize ice-melt compounds on carpet, dilute Nutra-Rinse 4 oz per gallon of water (1:32) in a pump-up mechanical spray device. Spray area where ice-melts have been tracked in. Let dry and vacuum

STAINLESS STEEL AND FORMICA SURFACES: Dilute Nutra-Rinse 4 oz per gallon of water (1:32). Apply to surface with trigger sprayer and wipe with sponge or damp cloth. Rinse with clean water

UL CLASSIFIED BY UNDERWRITERS LABORATORIES, INC ® AS TO SLIP RESISTANCE ONLY
186S

HMIS Rating: Health = 0, Flammability = 0, Reactivity = 0

CONTAINS: WATER (CAS #7732-18-5), ETHYLENE DIAMINE TETRAACETIC ACID (CAS #60-00-4), AMPHOTERIC SURFACTANT (CAS #64972-19-6), NONIONIC SURFACTANT (CAS #9016-45-6), ISOPROPYL ALCOHOL (CAS #67-63-0)

DISCLAIMER OF WARRANTY

Seller makes no warranty of any kind, express or implied, except that this product shall be of the standard quality of seller. Buyer's remedies for breach of warranty are limited to replacement of the product or refund of purchase price, at seller's option. Buyer assumes all risk and liability resulting from the use of this product. Buyer assumes all risk and liability associated with disposal. This warranty may not be altered, modified or expanded by oral statement of any person, agent, salesman, or dealer before, during or after the sale

1189

TECHNICAL DATA

This product is a neutralizer and conditioner for the removal of alkali residue or salts from all types of floors, ceramic tile, walls, aluminum, chrome, stainless steel and formica surfaces

PHYSICAL PROPERTIES

1	Color	Blue
2	Odor	Non objectionable
3	Clarity	Clear
4	Water solubility	All proportions
5	Rinsing properties	Free rinsing
6	Free alkali	None
7	Phosphates	None
8	pH, 25°C	6 0 - 7 0
9	Nonvolatile matter (3 hrs at 105°C)	10 - 12%
10	Viscosity, Gardner, 25°C	A-3 maximum
11	Specific gravity 20/20°C	1 046
12	Weight per gallon	8 7 lbs (3 9 kg)
13	Flash point (TOC)	None to boiling point

CLASSIFIED BY UNDERWRITERS LABORATORIES INC ® AS TO SLIP RESISTANCE ONLY 186S

TEST METHODS

- 8 ASTM E70
- 9 ASTM D2834
- 11 ASTM D891
- 12 ASTM D1475
- 13 ASTM D1310

686 (#219)

HILLYARD FLOOR TREATMENTS
302 North Fourth Street
St Joseph, Missouri 64502 USA
Telephone 816-233-1321

LABEL INFORMATION
#341

SEAL 341

NON-BUFFING TYPE SEAL-FINISH FOR INTERIOR TERRAZZO, UNGLAZED CERAMIC, UNGLAZED QUARRY TILE, CONCRETE, PAVER BRICK

DIRECTIONS

NEW FLOORS: Allow new floor to set 30 days to ensure proper curing of portland terrazzo or grout joints on hard floors. Scrub floor with Hillyard Renovator. Pick up scrubbing solution with wet vac, autoscrubber or mop, flood rinse with Hillyard Nutra-Rinse solution. Pick up solution, damp mop rinse with water and allow floor to dry for at least one hour

OLD FLOORS: Follow same procedure listed above, however, increase dilution rate of Renovator per label directions to remove heavy wax and polish buildup. For extremely heavy buildup, or areas inaccessible by floor machines, use Hillyard Assault

APPLICATION: When the floor is thoroughly clean and dry, apply Seal 341 with a clean synthetic mop. Under normal conditions, up to three coats of Seal 341 may be applied allowing 30 minutes between coats. Temperature, humidity and air movement affect curing times. Seal 341 may be top coated with Hillyard Discovery 2000 or Odyssey

MAINTENANCE: Dust mop daily with Hillyard Super Hil Tone treated dust mop. Mop or scrub as needed with a solution of Hillyard Assurance. Area may be recoated periodically as needed

NOTE: Proper curing between coats prevents pulling or streaking. Best results are obtained with adequate ventilation and floor temperatures above 60°F (16°C). Do not pour unused material back into container. Close container after each use

UL CLASSIFIED BY UNDERWRITERS LABORATORIES, INC.® AS TO SLIP RESISTANCE ONLY 186S

PROTECT FROM FREEZING

HMIS RATING: Health = 0, Flammability = 0, Reactivity = 0

CONTAINS: WATER (CAS #7732-18-5), ACRYLIC COPOLYMER (CAS # unknown to Hillyard), STYRENE ACRYLIC EMULSION (CAS # unknown to Hillyard), POLYETHYLENE EMULSION (CAS # unknown to Hillyard), DIETHYLENE GLYCOL MONOETHYL ETHER (CAS #111-90-0), TRIBUTOXYETHYL PHOSPHATE (CAS #78-51-3), DIETHYLENE GLYCOL MONO METHYL ETHER (CAS #111-77-3)

DISCLAIMER OF WARRANTY

Seller makes no warranty of any kind, express or implied, except that this product shall be of the standard quality of seller. Buyer's remedies for breach of warranty are limited to replacement of the product or refund of purchase price, at seller's option. Buyer assumes all risk and liability resulting from the use of this product. Buyer assumes all risk and liability associated with disposal. This warranty may not be altered, modified or expanded by oral statement of any person, agent, salesman, or dealer before, during or after the sale

190

TECHNICAL DATA

This product is a non-buffing type seal finish for terrazzo, ceramic tile, concrete and marble

PHYSICAL PROPERTIES:

1	Nonvolatile matter	22 0%
2	Weight per gallon, 25°C	8 58 lbs (3 86 kg)
3	pH, 25°C	8 5 - 9 5
4	Sediment	0 05% maximum
5	Refractive index, 20°C	1 3755 - 1 3795
6	Odor	Non-objectionable

FILM PROPERTIES:

Film on black glass	Clear
Drying time at 25°C, 50% R H	20 minutes, maximum
Leveling	Excellent
Gloss	Excellent
Water resistance	Excellent
Tackiness	None

TEST METHODS:

1. ASTM D2834
2. ASTM D1475
3. ASTM E70
4. ASTM D1290
5. ABBE Refractometer - Model A

1188 (#341)

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HILLYARD FLOOR TREATMENTS
302 North Fourth Street
PO Box 909
St. Joseph, Missouri 64502 USA
Telephone 816-233-1321

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"CHECKERBOARD" Trademark®

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L-671

LIBERTY
ENTERPRISES

PREMEASURED GERMICIDAL DETERGENT

EPA Est. No. 54764-NY-1 EPA Reg. No. 1043-77-54764

Germicide • Deodorizer • Fungicide • Virucide* • Detergent

Active Ingredients:	
Octyl Decyl Dimethyl Ammonium Chloride	3.25%
Dioctyl Dimethyl Ammonium Chloride	1.63%
Didecyl Dimethyl Ammonium Chloride	1.63%
n-Alkyl (60% C_{14}, 30% C_{16}, 5% C_{12}, 5% C_{18}) Dimethyl Benzyl Ammonium Chloride	3.16%
n-Alkyl (68% C_{12}, 32% C_{14}) Dimethyl Ethylbenzyl Ammonium Chloride	3.16%
Inert Ingredients:	87.17%

L-671 is a concentrated powdered hard water effective phosphate free germicidal detergent which is packaged in handy premeasured ½ ounce soluble packets. The use solution made by dissolving one packet per gallon of warm water (70-80°F) simultaneously cleans and deodorizes while disinfecting.

It is designed for the cleaning and disinfecting of washable non porous hard surfaces such as floors, walls, woodwork, bathroom fixtures, furniture and equipment. It is intended for use only in institutions such as hospitals, nursing homes, schools, industrial plants, medical and dental offices, veterinary clinics, and other public areas. It may be used for the cleaning and disinfecting of stainless steel, chrome, glass, porcelain, tile, terrazzo, and resilient vinyl, linoleum, asphalt or rubber flooring, as well as all washable painted and varnished surfaces.

GERMICIDAL: Passes A.O.A.C. Germicidal Use Dilution Method (S. aureus, S. choleraesuis, Ps. aeruginosa) 10 minutes, in the presence of 5% organic soil (serum) at 20°C, 1:256 dilution (1:128 in 400 ppm hard water).

BROAD SPECTRUM DATA: In addition, the following organisms pass the A.O.A.C. use-dilution test, 10 minutes, in the presence of 5% organic soil (serum) at 20°C, 1:256 dilution (1:128 in 400 ppm hard water).

Acinetobacter calcoaceticus, ATCC 19606
Candida albicans, Clinical Isolate
Candida parapsilosis, Clinical Isolate
Citrobacter freundii, ATCC 8090
Enterobacter aerogenes, ATCC 13048
Enterobacter cloacae, ATCC 23355
Escherichia coli, ATCC 25922
Klebsiella pneumoniae, ATCC 13883
Proteus mirabilis, Clinical Isolate
Proteus vulgaris, ATCC 13315
Pseudomonas aeruginosa, ATCC 27853
Salmonella typhimurium, ATCC 14028
Serratia marcescens, ATCC 8100
Shigella flexneri, ATCC 12022
Shigella sonnei, ATCC 25931
Staphylococcus aureus, ATCC 25923
Staphylococcus aureus (MRSA), Multiply (Methicillin)—Resistant Clinical Isolate
Staphylococcus epidermidis, ATCC 12228
Streptococcus faecalis, ATCC 19433
Streptococcus pyogenes, ATCC 19615

FUNGICIDAL: Passes A.O.A.C. Fungicidal Test (T. mentagrophytes) 1:256 dilution, 10 minutes, in the presence of 5% organic soil (serum) at 20°C (1:128 in 400 ppm hard water).

*VIRUCIDAL: Passes Virucidal Qualification Test (Influenza A_2 (Hong Kong), Herpes simplex Types 1 and 2, Vaccinia) 1:256 dilution, 10 minutes exposure time in the presence of organic soil (serum) at 20°C (1:128 in 400 ppm hard water).

When tested by an EPA-approved Dilution Method, the HIV-1 (AIDS) virus, with added 10% organic soil (serum), was completely inactivated by a 1:256 (1 packet per 1 gallon) solution in 60 seconds at 20-25°C. Although efficacy at 1 minute contact time has been shown to be adequate against HIV-1, this time would not be sufficient for other organisms. Use a 10-minute contact time for disinfection against all of the organisms claimed.

ODOR-COUNTERACTANT: L-671 attacks odors in three ways by killing odor-causing bacteria, chemically neutralizing odor residues, and with fine detergent cleaning ingredients.

Classified by Underwriters Laboratories Inc.® as to electrical conductivity when used on conductive floors and spontaneous heating. L-671—For use with listed electrically conductive flooring of the vinyl type. 942P

Liberty Enterprises, P.O.Box 639, Rte. 5S, Amsterdam, NY 12010

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MISTY GUM REMOVER

A refrigerant that freezes gum which releases adhesions between gum and surface. Used on tables, chairs, floors and other non-porous surfaces. Insert tube into valve tip. Direct tube at point of adhesion between gum and surface. Spray until frost appears. May need to pry off with putty knife. CAN CAUSE frost bite if sprayed directly on skin.

RIGHT TO KNOW LABELING

1 HEALTH

0 FLAMMABILITY

0 REACTIVITY

B PPE (PERSONAL PROTECTIVE EQUIPMENT

PPE: RUBBER GLOVES AND GOGGLES RECOMMENDED

#219

NUTRA-RINSE®

NEUTRALIZER/CONDITIONER

One of the age-old problems associated with stripping floors is removing all of the residue left behind by the stripper. Poor rinsing procedures, coupled with the alkaline pH of strippers in general, often lead to poor performance of the floor finish, powdering problems, etc. This necessitates additional stripper, labor and subsequent recoating.

In response to these problems, Hillyard has developed Nutra-Rinse®, a high quality neutralizer and conditioner which, if used according to label directions, will eliminate alkaline residue and make stripping floors much easier.

The secret to Nutra-Rinse is its "chelating action," which ties up the insoluble alkaline salts left behind on your floor. The Nutra-Rinse solution allows this stripper residue to be quickly and easily removed.

Nutra-Rinse is pH balanced, and its end use dilution is around 6.3. Since strippers are alkaline (pH greater than 10), the residue they leave behind keeps your floors in an alkaline condition. That's why it's important for the neutralizer to be somewhat acidic to bring the floor back into the neutral range. Once the Nutra-Rinse solution comes in contact with the alkaline stripper residue, your floor returns to the neutral range, closer to the pH of the seal and finish which will be applied. Your seal and finish will apply much easier, and their leveling properties are greatly enhanced.

Nutra-Rinse is labor saving since it eliminates multiple rinsing steps. On most floors, a flood rinse (using Nutra-Rinse at 4 oz. per gallon), followed by a damp mop rinse is all that's required. You'll save time, the floor is residue free and ready for the first coat of seal.

Nutra-Rinse works equally well at neutralizing the alkaline residue left behind from ice melt compounds (calcium chloride). At an economical 4 oz. per gallon dilution, simply damp mop your floor where the calcium chloride is being tracked in and you will see for yourself what a difference it makes.

Nutra-Rinse can even be applied to your carpet if ice melt compounds become a nuisance. Simply spray it on the carpet using a shoulder sprayer (4 oz. per gallon dilution), let it dry and vacuum the residue away.

Nutra-Rinse can be used on any floor not damaged by water, including quarry tile, paver brick, slate, vinyl composition, asphalt tile, linoleum and carpet. Nutra-Rinse is biodegradable and phosphate free. Plus, it's classified by Underwriters Laboratories, Inc.® as to slip resistance. It comes packaged in quarts, one, five and 55 gallon containers and can be applied with a mop, automatic scrubber or sprayer.

Floor failures can occur for a number of reasons, but leading the list is "poor rinsing". If stripping floors is part of your job, Nutra-Rinse will make your life a lot easier. It's a practical solution to a very common problem . . . from the leader in floor care products . . . Hillyard.

219

Hillyard

NUTRA-RINSE®

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Hillyard
SEAL 341

#341
SEAL 341

NON-BUFFABLE TYPE SEAL-FINISH FOR TERRAZZO, UNGLAZED QUARRY TILE, PAVER BRICK, UNGLAZED CERAMIC TILE, CONCRETE AND UNPOLISHED MARBLE.

Hillyard Seal 341 was formulated to enhance the rich, natural colors of your hard floors without leaving a shiny, plastic-looking surface. The attractive, low lustre finish not only enhances your floors, it protects them from the dirt, spills and abrasion you get from heavy traffic.

Seal 341 is extremely versatile, and can be applied to terrazzo, unglazed ceramic and quarry tile, concrete, paver brick, unpolished marble even resilient tile.

Seal 341 is formulated to dry fast (less than one hour) so there are no long waiting periods no "down time" complaints like you get with solvent-based coatings.

Plus it's economical, because it seals and finishes at the same time, saving you a lot of labor. It provides great economy through maximum coverage (averaging 1,000 - 1,500 square feet per gallon). Usually only two coats are necessary.

Another outstanding feature of Seal 341 is that it is so easy to apply all you need is a clean mop. This eliminates the need for special equipment or special outside crews required to seal and finish your floors.

Seal 341 provides excellent resistance to heavy foot traffic, it's easy to maintain, and is classified as to slip resistance by Underwriters Laboratories, Inc.* It comes packaged in one, five and 55 gallon containers.

Let Hillyard take the headache out of sealing, beautifying and protecting your hard floors Seal 341.

	DRYING TIME	EASE OF APPLICATION	ODORS	RECOATABILITY	BONDING PROPERTIES	REMOVABILITY
WATER BASED SEAL 341 FROM HILLYARD	Less than one hour	Applies with a synthetic mop	No noxious odors	Simply scrub and recoat	Excellent on both new and old floors	Strips easily with polish strippers
CONVENTIONAL SOLVENT-BASED SEALERS	Up to 12 hours	Special applicators and special application	Strong solvent odors	Recoating usually requires stripping or heavy	Inconsistent depending on floor type	Usually requires paint and varnish strippers

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COMPETENCY P

PHYSICAL PLANT

Product Labels

Communicating with the product's manufacturer

Prepare your questions in advance to guide the questions asked in the letter. Be firm, but not offensive to the individual(s). Your openness will show your concern and interest. Use the business letter format for the final version using the correct parts of the letter.

The parts of the letter include: 1) return address (your address and date), 2) inside address (the company), 3) greeting or salutation (such as Dear Sirs or To whom it may concern), 4) body of the letter (contains the reason for your letter and questions), 5) closing (Thank you, Sincerely, or something of your own), 6) your signature, and lastly, 7) your typed name.

The next page is a model you may use for your letter. The body of the letter is usually double-spaced for easier reading. Remember to be specific in the product and in your questions.

Address of sender	109 Maple Road Cherokee, Iowa 51012
Date line	March 7, 1992
Inside address	Westvale Nursery 325 Main Street Westvale, Montana 59411
Salutation	Dear Sir or Madam:
Body of the letter	Please send me your spring catalog for fruit trees and berries. Also, please include your shipping prices for fastest possible delivery. Thank you.
Closing	Sincerely,
Signature	Sharon Coles (Mrs.) Robert C. Coles

COMPETENCY P

PHYSICAL PLANT

Match Column B with the definitions in Column A.

A

1. A milky white liquid substance of magnesium hydroxide used as an antacid and a laxative.______
2. The degree to which how easily something is set on fire. ______
3. Something thinned out or weakened by mixing with something else. _____
4. To pass into or through by piercing or to spread throughout. ______
5. A substance that is taken to work against the effect of a poison. ______
6. Laws, orders, or warnings that stop, hold back, or prevent someone from doing something. _____
7. Something that separates or holds apart from. ______
8. To clean, rinse or empty with a rapid flow of liquid, (i.e. water) as with the eyes or skin._____
9. To take in or for digestion to absorb._____
10. That which has been made impure, dirty, or infected by mixing with something else that is dirty. ______

B

1. ingestion
2. dilution
3. barrier protection
4. milk of magnesia
5. prohibitions
6. contaminated
7. penetrate
8. flamability
9. antidote
10. flush eyes/skin

COMPETENCY P

PHYSICAL PLANT

1. That ________________ made my skin red and sore.

2. What ______________________ will you take to keep people from slipping on the wet floor when they walk through this area?

3. Nancy's skin burned due to _______________ _____________ to the sun while working outside.

4. When I accidently mixed the bleach with ammonia, the __________________ caused fumes which burned my eyes.

5. The hoarseness in his voice was caused by the _____________________ of smoke fumes from the fire.

6. When I spilled the _______________ acid on the chair, the paint came off.

7. While painting the room you should open the windows so that there will be ________________ __________________.

8. If a caustic chemical is ingested, do not ______________ _________________.

9. Once the building caught on fire, it burned quickly and easily, proving that it was very ____________________.

10. The First Aid Cream is only to be used _________________ on your arm where the rash is.

---

corrosive

irritant

induce vomiting

reactivity

inhalation

precautions

combustible

externally

prolonged exposure

adequate ventilation

Material Safety Data Sheet

L-674 Body Fluid Absorbent
Identity (Trade Name As Used On Label)

Manufacturer CDC Products Corp.	Liberty Enterprises
Address 23-23 Borden Ave. L.I.C., NY 11101	P. O. Box 639, Rt.5S Amsterdam, NY 12010
Phone Number (For Information) (718) 706-0360	(518) 842-5080
Emergency Phone Number	(303) 893-7774

MSDS Number* —

CAS Number* 12-16-91
Date Prepared

HAZARD RATING
4-EXTREME
3-HIGH
2-MODERATE
1-SLIGHT
0-INSIGNIFICANT

FIRE 0
TOXICITY 1
REACTIVITY 0
SPECIAL

Prepared By*

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

SECTION 1 - MATERIAL IDENTIFICATION AND INFORMATION

COMPONENTS — Chemical Name & Common Names (Hazardous Components 1% or greater; Carcinogens 0.1% or greater)	%*	OSHA PEL	ACGIH TLV	OTHER LIMITS RECOMMENDED
Flux Calcined Diatomaceous Earth CAS 68855-54-9				
Cristobalite CAS 14464-46-1		10/mg/m^3		
Quartz CAS 14808-60-7		10/mg/m^3		
May contain up to 12% crystalline silica				
Non-Hazardous Ingredients Trade Secret NJTRSN 80100021-5014P				
TOTAL	100			

SECTION 2 - PHYSICAL / CHEMICAL CHARACTERISTICS

Boiling Point	N/A	Specific Gravity (H_2O = 1)	0.42-0.59
Vapor Pressure (mm Hg and Temperature)	N/A	Melting Point	N/A
Vapor Density (Air = 1)	N/A	Evaporation Rate (____ = 1)	N/A
Solubility in Water	negligible	Water Reactive	NO

Appearance and Odor: Fine White Powder, Fresh Fragrance

SECTION 3 - FIRE AND EXPLOSION HAZARD DATA

Flash Point and Method Used	Auto-Ignition Temperature	Flammability Limits in Air % by Volume	LEL	UEL
N/A	N/A	N/A		

Extinguisher Media: Water, CO2, foam, dry chemical

Special Fire Fighting Procedures: Becomes slippery when wet.

Unusual Fire and Explosion Hazards: Keep away from heat, sparks, open flame

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PURCHASING OFFICE
BROCKPORT, N.Y.

Optional

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STABILITY
☒ Stable
☐ Unstable

Conditions To Avoid: Strong Oxidizing Agents.

Incompatability (Materials to Avoid): Strong Oxidizing Agents.

Hazardous Decomposition Products: Carbon Monoxide, Carbon Dioxide

HAZARDOUS POLYMERIZATION
☐ May Occur
☒ Will Not Occur

Conditions To Avoid:

SECTION 5 - HEALTH HAZARD DATA

PRIMARY ROUTES OF ENTRY
☒ Inhalation ☐ Ingestion
☐ Skin Absorption ☐ Not Hazardous

CARCINOGEN LISTED IN
☐ NTP ☐ OSHA
☐ IARC Monograph ☒ Not Listed

HEALTH HAZARDS
Acute: High dust conditions-may irritate eyes, lungs and nasal passages.
Chronic: Inhalation can cause silicosis

Signs and Symptoms of Exposure: Irritation of eyes, lungs, nasal passages

Medical Conditions Generally Aggravated by Exposure: Bronchitis, Emphysema, Asthma, etc.

EMERGENCY FIRST AID PROCEDURES - Seek medical assistance for further treatment, observation and support if necessary.

Eye Contact: Wash thoroughly with water. Consult physician if irritation persists.

Skin Contact: Wash with soap and water

Inhalation: Remove person to fresh air.

Ingestion: Drink large amounts of water. Call physician

SECTION 6 - CONTROL AND PROTECTIVE MEASURES

Respiratory Protection (Specify Type): NIOSH Approved Respirator or Mask for handling large amounts.

Protective Gloves: When handling large amounts.

Eye Protection: When handling large amounts.

VENTILATION TO BE USED
☐ Local Exhaust: Optional
☐ Mechanical (general): N/A
☐ Special: N/A
☐ Other (specify): N/A

Other Protective Clothing and Equipment: N/A

Hygienic Work Practices: Avoid heavy dust conditions. Wash hands after use.

SECTION 7 - PRECAUTIONS FOR SAFE HANDLING AND USE / LEAK PROCEDURES

Steps to be Taken If Material Is Spilled Or Released: Avoid generation of dust by using vacuum or dust suppressing agent. If material becomes wet, shovel up or hose down thoroughly.

Waste Disposal Methods: Dry material in closed containers. Comply with local, state and federal regulations.

Precautions to be Taken in Handling and Storage: Avoid breathing dust, keep cool and dry. Keep container closed when not in use.

Other Precautions and/or Special Hazards: Slippery when wet.

NFPA Rating*. Health___ Flammability___ Reactivity___ Special___

HMIS Rating* Health___ Flammability___ Reactivity___ Personal Protection___

227

ptional

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Reorder No. 2217-2

S S S LEMON SPRAY WAX POLISH

A white foamy spray with a light lemony fragrance. High gloss for fine furniture, paneling, metal cabinets, automobiles, etc. Leaves a hard wax finish that resists dust grime, smudges and water. Ideal for cleaning and polishing furniture, woodwork, cabinets, formica, leather, vinyl, ceramic and plastic tile, metal items, appliances and marble.

DIRECTIONS: Shake can gently. Spray about 6" from surface. Wipe immediately. DO NOT let spray wax dry. For small areas or hard to reach places, spray cloth, then wipe surface as usual.

RIGHT TO KNOW

1 - HEALTH

1 - FLAMMABILITY

0 - REACTIVITY

B - P P E (PERSONAL PROTECTIVE EQUIPMENT)

P P E: LATEX GLOVES AND SAFETY GLASSES

EYE CONTACT: FLUSH WITH WATER FOR 15 MIN. IF IRRITATED, SEE PHYSICIAN.

SKIN CONTACT: WASH WITH SOAP AND WATER. IF IRRITATED, SEE PHYSICIAN.

INHALATION: REMOVE TO FRESH AIR. RESUSCITATE IF NECESSARY. GET MEDICAL AID.

INGESTION: INDUCE VOMITING, CALL PHYSICIAN.

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AMMONIA

Used for cleaning glass. 1/2 cup per gallon of water. DO NOT mix with bleach.

PRECAUTIONS: External - flood with water. INTERNAL - drink 2 glasses of water followed by citrus juice.

EYES: Flush with warm water.

RIGHT TO KNOW LABELING

1 HEALTH

0 FLAMMABILITY

0 REACTIVITY

B PPE (PERSONAL PROTECTIVE EQUIPMENT)

PPE: RUBBER GLOVES

TILE SEAL

Water emulsion sealer for resilient, terrazzo, and concrete floors. A coat of tile-seal on new or stripped old floors protects against staining and seals pores. When followed by wax or floor finish, decreases costs by reducing number of coats needed and prolonging time between stripping. Tileseal is not removed by even the

---

HARLEY

Ammoniated Wax Stripper

A heavy duty floor cleaner designed for easy removal of all floor coatings.

Directions: For normal wax removal, use 1 part stripper to 20 parts hot water. For removing a heavy wax build-up, use 1 part stripper to 8 parts water.

Apply hot solution with mop, but do not flood floor.

Let solution remain on floor for 3 to 5 minutes. Be sure floor is kept wet. On build-up floors, for best results scrub with floor machine.

Remove solution and rinse thoroughly with clear water. Let dry before applying floor finish. Complete rinsing is important to insure best results when applying floor finish.

RIGHT-TO-KNOW

HEALTH	0-1
FLAMMABILITY	0
REACTIVITY	0
P P E	0

PERSONAL PROTECTIVE EQUIPMENT

NONE

HARLEY HI-TECH DURAPOL
THERMOPLASTIC POLYMER FLOOR FINISH
MULTIPURPOSE MULTISPEED BUFFING
DETERGENT RESISTANT TOP DRESSING

Directions: Floor preparation- If floor needs stripping, use recommended Harley stripper as directed. If floor is in good condition, make sure floor is thoroughly clean and dry.

Application: A. Apply a thin, uniform coat of Durapol using a clean string mop or applicator.

B. On newly stripped floors, several coats may be required for desired gloss. On extremely porous floors, utilize Harely Tile-Seal Floor Sealer first. Allow ample drying time between coats.

Maintenance: Dry mop all floors daily. Damp mop using Harley's neutral cleaner Rinz-Free. Spray buffing- Floor must have several coats of Durapol to provide a good base. Use Harley Re-Vive spray buff as directed. Spray buffing will increase gloss and durability. Burnishing- Optimum gloss and durability can be achieved by burnishing with high speed machine. A good base coat is required.

RIGHT-TO-KNOW

HEALTH	0
FLAMMABILITY	0
REACTIVITY	0
PPE	0

PERSONAL PROTECTION EQUIPMENT

NONE

Key

COMPETENCY Q

PHYSICAL PLANT

Define each of the following types of materials.

A. Non-flammable not able to be ignited or burned easily

B. Flammable easily ignited or burned

C. Radioactive exhibiting radioactivity; energy rays or waves from an object

D. Explosives a substance or chemical that explodes

E. Poison Gas a vapor used to disable, injure, or kill

F. Organic Peroxide an all-purpose potent cleaning agent that comes from living organisms.

G. Combustible capable of igniting or burning

H. Oxidizer a substance that creates an oxide by giving off oxygen and combining with another substance

How are these materials dangerous in an emergency situation.

A. Non-flammable These substances are not easily ignited, however non-flammable substances may contain other harmful chemicals when released may contaminate.

B. Flammable If a flame is initiated around a flammable substance, it will ignite, explode and burn easily; a very tough fire to control

C. Radioactive These substances are released during the buring of certain chemical materials; they are invisible and odorless in most cases

D. Explosives The substances will ignite and explode and send a fire into an out of control rage

E. Poison Gas A gas or vapor that will kill when inhaled or contacted by skin. Many times the gas is colorless and odorless

F. Organic Peroxide A clearing substance which is an inflammable substance

G. Combustible Contents are under pressure and when ignited may explode

H. Oxidizer Allows oxygen to be released and if released on a flame, the flame will spread, it is a living breathing thing

COMPETENCY Q

PHYSICAL PLANT

Define each of the following types of materials.

A. Non-flammable ______________________________

____

____

B. Flammable ______________________________

____

____

C. Radioactive ______________________________

____

____

D. Explosives ______________________________

____

____

E. Poison Gas ______________________________

____

____

F. Organic Peroxide ______________________________

____

____

G. Combustible ______________________________

____

____

H. Oxidizer ______________________________

____

____

How are these materials dangerous in an emergency situation.

A. Non-flammable ______________________________

B. Flammable ______________________________

C. Radioactive ______________________________

D. Explosives ______________________________

E. Poison Gas ______________________________

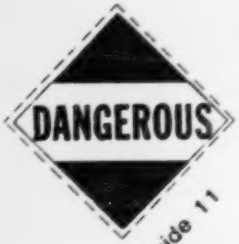
F. Organic Peroxide ______________________________

G. Combustible ______________________________

H. Oxidizer ______________________________

TABLE OF PLACARDS AND THE INITIAL RESPONSE GUIDES TO USE ON-SCENE

USE THIS TABLE ONLY IF MATERIALS CANNOT BE SPECIFICALLY IDENTIFIED BY USING SHIPPING PAPERS, NUMBERED PLACARD, OR ORANGE PANEL NUMBER



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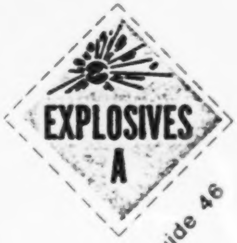
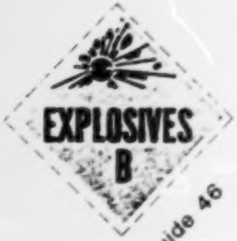

EXPLOSIVES
A
Guide 46


EXPLOSIVES
B
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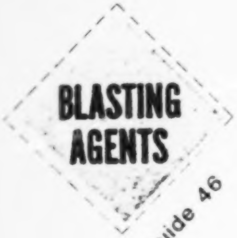
BLASTING
AGENTS
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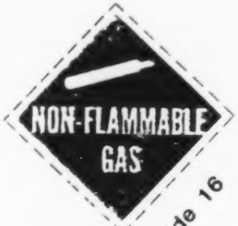
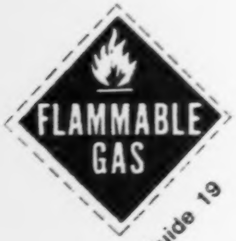
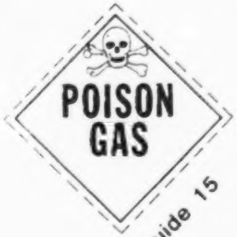

NON-FLAMMABLE
GAS
Guide 16


FLAMMABLE
GAS
Guide 19



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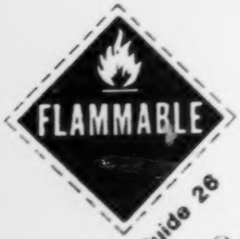

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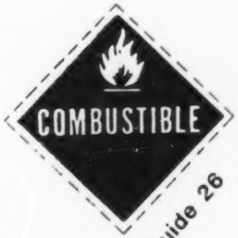
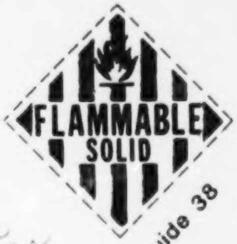
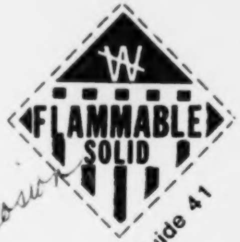
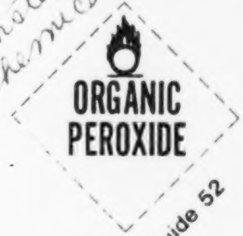

COMBUSTIBLE
Guide 26

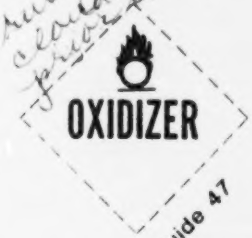

FLAMMABLE
SOLID
Guide 38


W
FLAMMABLE
SOLID
Guide 41

unstable chemicals


ORGANIC
PEROXIDE
Guide 52

sooty orange cloud just prior to explosion



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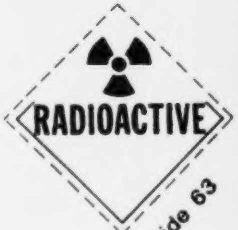
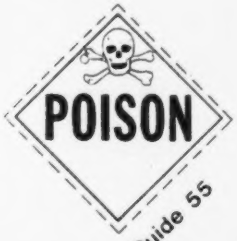

RADIOACTIVE
Guide 63



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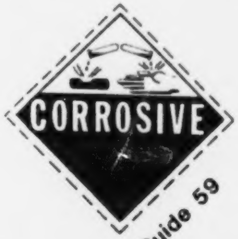

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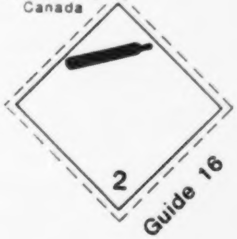
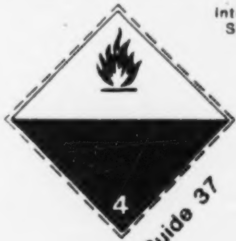
Required by Canada



Guide 16

International Shipments



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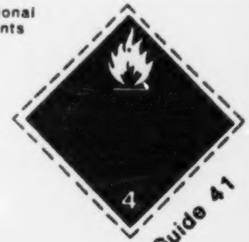

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Key

COMPETENCY R

PHYSICAL PLANT

1. List the eight headings in the SUNY Brockport Emergency and Services Manual and briefly describe what is contained in each heading.

①Emergency & Service Manual - other 7 Sub-headings ②Important phone numbers - all residence & other important numbers ③Services - contains lost & found (over)

2. Discuss the three steps in locating a building on the campus map.

①find building name under category heading
②Locate longitudinal # and lattitudinal letter of bldg
③Pinpoint intersection of longitudinal # & lattitudinal letter

3. What two things must match for you to be able to legally park in a particular parking lot on campus?

Color of your parking sticker and the color on the maps parkey key

4. Describe and/or draw the symbol used to identify interior emergency phones as well as the symbol for exterior emergency phones. How many of each of these two phones exist on campus?

Exterior emergency phone - white telephone on a black background in a circular shape. Interior emergency phone - black telephone on a white background; Circle Shaped

5. List a city, town, or village which is east of Brockport, South of Brockport, west of Brockport, and north of Brockport.

East of Brockport - City of Rochester; South of Brockport - Henrietta, North of Brockport - Hamlin, Clarkson, Lake Ontario, West of Brockport - City of Buffalo.

Question #1, Con't

④ Parking
  A. regulations
  B. permits
  C. Id cards

⑤ Emergencies
  A. Information on fire alarms
  B. Steps to take in case of serious illness/injury

⑥ Crime Reporting/Prevention
  A. What to notice when observing a crime
  B. Steps for preventing a crime
  C Who to call for an escort

⑦ Operation ID
  A. Program for identifying valuables using make, model, Serial #, and value

⑧ Campus map
  A. Locating a building on campus

Key

COMPETENCY R

PHYSICAL PLANT

Directions: Use the SUNY Brockport Emergency and Service Manual to answer the following questions.

1. Under what heading would you find weather and travel information? Services or important phone numbers
2. What is the phone number? 395-cold
3. What is Public Safety's phone number? 395-2226
4. If you have a blue permit, what lots can you park in? A, AB
5. Why would you use a blue light phone? if you require emergency assistance or need to report an acciden
6. Locate Harrison [illegible] the map. What building is directly north of Harrison? Mortimer Hall
7. What building is at I2? Holmes Hall

Bonus:

Head North along Redman Road. Turn onto New Campus Drive and head East. Note how many "Blue Light" phones you pass on New Campus Drive 3. Next, turn onto Kenyon Street and head North until you reach Residence Drive. Turn here and head West. What is the name of the first building on the right? Rakov Center

COMPETENCY R

PHYSICAL PLANT

TUTOR TIPS

This competency requires the participant to find requested information in the SUNY Brockport Emergency & Service Manual. The participant will:

1. Demonstrate general awareness of the SUNY Brockport Emergency & Service Manual
2. Attend to special instructions, such as recognizing how important information and special instructions are shown in print
3. Utilize campus map, by locating buildings on the campus, identifying appropriate parking lots in which to park own vehicle, finding location of exterior and interior emergency phones, and understanding the relationship between geographical directions

A resource book is available, titled Maps, Globes, Graphs: an interactive program for adults, copyright 1993, Steck-Vaughn Company. This book helps one learn the skills necessary for understanding and using maps, globes, and graphs. The participant will benefit from this book since it offers hands-on experience. Competency R requires knowledge of map skills, for example, latitude, longitude, pinpointing intersections of longitudinal number and latitudinal letter, symbols, legends, scale, and distance. The standardized test on pages 81 and 82 is helpful in reinforcement and practice of general map skills.

In addition to the competency worksheet, a list of questions have been drawn from the SUNY Brockport Emergency and Service Manual. The tutor may use these to go in depth with this competency. These questions are not in a particular order and are to be used with the map.

1. Do you understand the layout of the map?
2. If you are at Mortimer, what is one way to get to Cooper? (Pretend you are not familiar with the campus)
3. If you have an emergency, what number would you call?

   Answer: 395-2222
4. What building would you go to, if you lost your jacket?

Answer: Lost and Found, main desk in Lathrop Hall.

What is their phone number?
Answer: 395-2226

What is Public Safety's phone number?
Answer: 395-2226

5. What are the three steps to follow during fire drills?

   1. pull the nearest alarm
   2. evacuate the building
   3. get as far away from the building as possible

6. If you pull a fire alarm, when no danger exists, what are the three things that could happen to you?

   1. fine up to $1,000.00

   2. up to a year in jail

   3. possible dismissal from college

7. What building would you go to if you had an illness/injury?

   Answer: Hazen Hall

   What is their phone number? 395-2414

8. A medical emergency requires safe and prompt aid. Put these steps in order (***tutor- write these on paper or chalkboard)

wrong order:	correct order:
*give your name	*remain calm
*describe victim's condition	*call for help
*give the location	*give the location
*call for help	*describe the victim's condition
*remain calm	*give your name
*don't hang up, listen for instructions	*don't hang up, listen for instructions

9. If you observe a crime or are a victim, who would you report immediately to?

   Answer: Public Safety

10. If you do observe a crime or are a victim, 1) always check out what suspect is wearing and physical features, 2) also, observe the direction of travel and car description.

11. Do you lock your car doors, room, bicycle?

12. If you use a blue light, an officer will already know your location. True or False.

    Answer: true

13. Do you know what walking escorts are?

    Answer: during hours of darkness, walking escorts are provided to any location on campus. To get one, pick up blue light phone or call 395-2226.

14. Do you know what Operation Identification (ID) is?

    Answer: A nationwide registration program for valuables. If it is ever stolen, and Police locate the stolen property, and if the valuables are marked by Operation ID, they can quickly be traced back to the owner.

15. Who would you call if you are interested in this program?

    Answer: Public Safety

    What's their phone number (Public Safety)? 395-2226

    What is the phone number for only emergencies? 395-2222

16. Going back to the map...
    Do you know what the directions are for these symbols?
    N, S, E, W, NE, NW, SW, SE, etc.

17. Point to the grassy area...
    Ask what does it represent? answer: forest area

***For further map skills, this would be a good time to refer to the map skills resource book.

DEPARTMENT OF PUBLIC SAFETY

NEW YORK
STATE UNIVERSITY
PUBLIC SAFETY

SUNY BROCKPORT
EMERGENCY & SERVICE MANUAL

244

— ACADEMIC CALENDAR —

FALL SEMESTER 1990

September 4 & 5	Final Registration/Orientation
September 6	Instruction Begins
October 27	Mid-Term (1st Quarter Ends)
November 20 - 10 PM	Thanksgiving Recess Begins
November 26 - 8 AM	Instruction Resumes
December 15 - 5 PM	Regular Course Schedule Ends
December 17 - 8 AM	Final Exams Begin
December 22 - 5 PM	Final Exams End

SPRING SEMESTER 1991

January 22 & 23	Final Registration
January 24	Instruction Begins
March 16 - 5 PM	Mid-Term (3rd Quarter Ends) Spring Recess Begins
March 25 - 8 AM	Instruction Resumes
April 3 - 8 AM - 3:30 PM	Scholar's Day (Class Suspended)
May 11 - 5 PM	Regular Course Schedule Ends
May 13 - 8 AM	Final Exams Begin
May 18 - 5 PM	Final Exams End
May 19	Commencement

PUBLIC SAFETY 395-2226 **EMERGENCIES 395-2222**
PARKING INFORMATION 395-2263 **WEATHER LINE 395-COLD**

RESIDENCE HALLS:	
Benedict	2103
Bramley	2676
Briggs	2382
Dobson	2115
Gordon	2127
Harmon	2124
McVicar	2462
McFarlane	2464
McLean	2458
Morgan	2461
Mortimer	2514
Perry	2673
Thompson	2663
Stage 16	2295
RA/SM	____

BOOKSTORE	2664
B.S.G.	2660
BURSAR	2473
COUNSELING	2207
DINING HALLS:	
Brockway	2673
Gallery	2671
Harrison	2676
O.T.T.	2379
Seymour	2674
Daily Menu	5555
HEALTH CENTER	2414
ICE RINK HOURS	2244
INFORMATION	0
LIBRARY HOURS	2288
MAINTENANCE	2456

RESIDENTIAL LIFE	2122
WBSU	2550
Other	

IMPORTANT PHONE NUMBERS

BEST COPY AVAILABLE

— SERVICES —

Your Department of Public Safety is a campus-based organization that serves and protects the entire campus community. We strive to provide a safe environment in which you can study and live.

LOST & FOUND PROPERTY (395-2226) is kept at our main desk in Lathrop Hall. Stop in or call.

WEATHER & TRAVEL INFORMATION (395-COLD) is a one minute recorded phone message giving this area's weather forecast, present road conditions, SUNY Brockport closings and safety tips. The 24 hour taped message is updated at 6 a.m. and 6 p.m. daily and more frequently when severe weather is predicted. Also on the tape is the updated road conditions for the entire New York State Thruway System. This service operates from November - April.

MOTORIST ASSISTANCE (395-2226). Battery jumper cables can be signed out with a form of identification. If you have mechanical difficulties, we will attempt to place you in touch with your auto club or a local garage of your choice. In the event you are locked out of your car, we will attempt to provide assistance.

SERVICES

LOST & FOUND / WEATHER & TRAVEL INFORMATION / MOTORIST HELP

PARKING HOURS: MONDAY-FRIDAY. 8 A.M. - 5 P.M. OR CALL 395-2263

Students/Faculty/Staff will need a parking permit to park a vehicle on campus. Cars and motorcycles may be registered at the Parking Window, Office of Public Safety, Lathrop Hall. Be sure to bring your driver's license and vehicle registration.

If the office is closed when you arrive on campus, you may obtain a temporary parking permit from the Public Safety Officer on duty. Return during the next scheduled office hours to register your car.

Visitors may obtain a visitors parking permit from the Public Safety Office, Lathrop Hall, that is open 24 hours.

Where to Park: Each lot is clearly designated (A, B, or C)

Blue Permits	A, AB
Orange Permits	AB, BC until midnight
Yellow Permits	C1, BC2, BC3 only
Green Permits	BC1 only
Black Permits	Freshmen - N.W. AB1 only

Handicapped Permits for temporarily impaired (72 hours only) may be obtained at Public Safety. Official Handicap permits may be obtained at the Town Clerk's Office (State St., Brockport). Even if you have an official handicap sticker, you must obtain a college parking sticker.

Service Areas/Loading Zones. You are not permitted to park in any service areas or Loading Zones unless you get a special permit from the Office of Public Safety.

Evening Hours are from 5:30 p.m. to midnight. You may park in any lot with a college parking permit.

Open Parking Hours are from 4 p.m. on Friday to midnight on Sunday. No college parking permit is required for any lot.

New Car/Different Car? If you trade in your car for a new one or bring a different car to campus, go directly to Public Safety for a temporary permit. Be sure to salvage the old sticker. Otherwise, you will need to pay for a new permit.

College ID cards may be obtained at the Parking Office.

PARKING

REGULATIONS / PERMITS / ID CARDS / OFFICE HOURS

Fire: Take time to look around the building and make yourself aware of the locations of Fire Alarm Pull Boxes. Plan an orderly and safe exit in case of fire. During fire drills, follow building staff's instructions seriously. (Elevators should not be used.) If you discover smoke or fire: 1. Pull the nearest alarm. 2. Evacuate the building. 3. Get as far from the building as possible. (Responding Officers and Fire Fighters need the area clear.) The Fire Department will decide when the building is safe to re-enter.

False Alarms: Falsely sounding an alarm, when no danger exists, is against the law. The fine is up to $1,000.00, up to a year in jail and possible dismissal from college.

Illness/Injury:	Student Health Services	Hazen Hall
	Mon. - Fri. 8:00 a.m. to 5 p.m.	**395-2414**
Counseling:	Counseling Center	Hazen Hall
		395-2207

– SERIOUS ILLNESS/INJURY –

Public Safety **395-2222** – Pick up a **Blue Light Phone**

A medical emergency requires safe and prompt aid.

1. Remain calm
2. Call for help
3. Give the location
4. Describe victim's condition
5. Give your name
6. Don't hang up, listen for instructions.

EMERGENCIES

FIRE / SERIOUS ILLNESS OR INJURY

Public Safety 395-2226 Emergencies 395-2222

or

Pick up a **Blue Light Phone**

Reporting Crime: If you observe a crime or are a victim, report immediately to Public Safety:

- The location. Describe the suspect if you can.
  (Note clothing and physical features.)
- Observe direction of travel and car description.

Prevention:

- Lock up (Room, Car, Bicycle).
- Avoid leaving valuables visible in your vehicle.
- Use Operation ID (see next section).
- Report suspicious activity.
- Attend lectures by Public Safety Specialists on:
  - Rape Prevention
  - Burglary and Larceny Prevention
  - Alcohol and Drug Abuse
- Blue Light Phones are on the campus grounds. Should you need to report an incident or require emergency assistance, just pick up a Blue Light Phone. An officer will answer; he will already know your location. Blue Light Phone locations are shown on the campus map (last section).

Escorts:

- During the hours of darkness, walking escorts to any location on campus are provided by the Student Auxiliary.

  Call **395-2226** or pick up a **Blue Light Phone.**

CRIME REPORTING / PREVENTION

ESCORTS / BLUE LIGHT PHONES

OPERATION IDENTIFICATION is a nationwide registration program for valuables. When Police locate stolen property, valuables marked by Operation ID, can be swiftly traced back to the owner. A Public Safety Officer specially trained in crime prevention will tour the buildings to provide engravers and your personal ID number. Until the Officer arrives, start preparing your list **today.**

APPLIANCES (TV, Stereo, Radio, Camera, Clocks, Etc.)

MAKE	MODEL	SERIAL #	VALUE

SPORTS EQUIPMENT (Bikes, Golf Clubs, Racquets, Etc.)

MAKE	MODEL	SERIAL #	VALUE

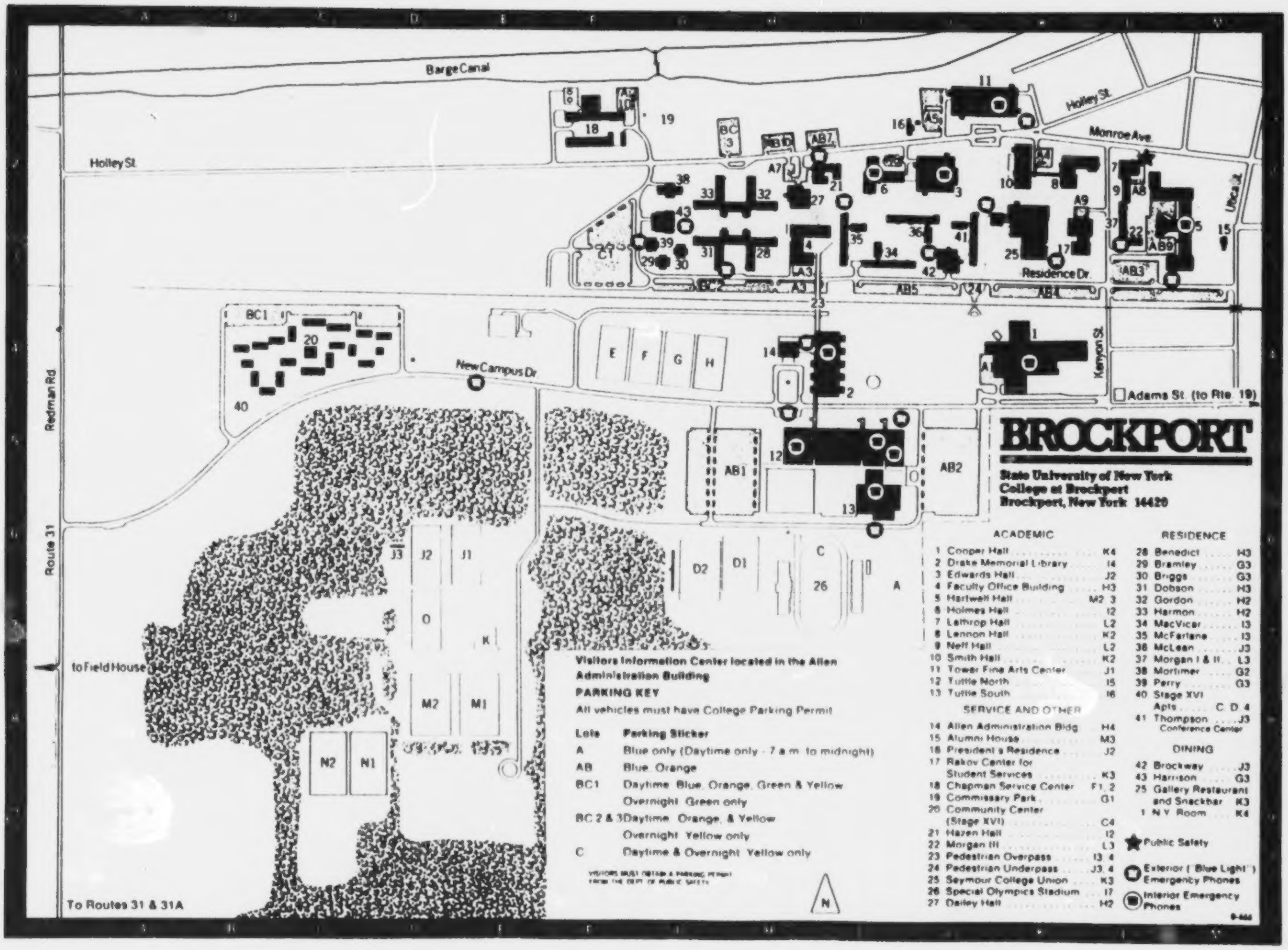
VEHICLE (Tape Deck, Battery, CB, Custom Wheels, Etc.)

MAKE	MODEL	SERIAL #	VALUE

OPERATION ID #________________________

OPERATION ID

RECORD OF VALUABLES


Barge Canal
Holley St.
Holley St.
Monroe Ave.
Utica St.
Residence Dr.
Kenyon St.
Adams St. (to Rte. 19)
New Campus Dr.
Redman Rd
Route 31
to Field House
To Routes 31 & 31A
BC1
BC2
BC3
C1
A1
A3
A5
A7
A8
A9
AB1
AB2
AB3
AB4
AB5
AB7
AB9
AB10
E
F
G
H
D1
D2
C
A
J1
J2
J3
K
O
M1
M2
N1
N2
N

BROCKPORT

State University of New York
College at Brockport
Brockport, New York 14420

ACADEMIC

1	Cooper Hall	K4
2	Drake Memorial Library	I4
3	Edwards Hall	J2
4	Faculty Office Building	H3
5	Hartwell Hall	M2 3
6	Holmes Hall	I2
7	Lathrop Hall	L2
8	Lennon Hall	K2
9	Neff Hall	L2
10	Smith Hall	K2
11	Tower Fine Arts Center	J1
12	Tuttle North	I5
13	Tuttle South	I6

SERVICE AND OTHER

14	Allen Administration Bldg	H4
15	Alumni House	M3
16	President's Residence	J2
17	Rakov Center for Student Services	K3
18	Chapman Service Center	F1, 2
19	Commissary Park	G1
20	Community Center (Stage XVI)	C4
21	Hazen Hall	I2
22	Morgan III	L3
23	Pedestrian Overpass	I3, 4
24	Pedestrian Underpass	J3, 4
25	Seymour College Union	K3
26	Special Olympics Stadium	I7
27	Dailey Hall	H2

RESIDENCE

28	Benedict	H3
29	Bramley	G3
30	Briggs	G3
31	Dobson	H3
32	Gordon	H2
33	Harmon	H2
34	MacVicar	I3
35	McFarlane	I3
36	McLean	J3
37	Morgan I & II	L3
38	Mortimer	G2
39	Perry	G3
40	Stage XVI Apts	C, D, 4
41	Thompson Conference Center	J3

DINING

42	Brockway	J3
43	Harrison	G3
25	Gallery Restaurant and Snackbar	K3
1	N.Y. Room	K4

★ Public Safety

Exterior ("Blue Light") Emergency Phones

Interior Emergency Phones

Visitors Information Center located in the Allen Administration Building

PARKING KEY

All vehicles must have College Parking Permit

Lots	**Parking Sticker**
A	Blue only (Daytime only - 7 a.m. to midnight)
AB	Blue, Orange
BC1	Daytime: Blue, Orange, Green & Yellow Overnight: Green only
BC 2 & 3	Daytime: Orange, & Yellow Overnight: Yellow only
C	Daytime & Overnight: Yellow only

VISITORS MUST OBTAIN A PARKING PERMIT FROM THE DEPT OF PUBLIC SAFETY

CAMPUS MAP
BLUE LIGHT PHONE LOCATIONS

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COMPETENCY R

PHYSICAL PLANT

1. List the eight headings in the SUNY Brockport Emergency and Services Manual and briefly describe what is contained in each heading.

___

___

___

2. Discuss the three steps in locating a building on the campus map.

___

___

___

3. What two things must match for you to be able to legally park in a particular parking lot on campus?

___

___

___

4. Describe and/or draw the symbol used to identify interior emergency phones as well as the symbol for exterior emergency phones. How many of each of these two phones exist on campus?

___

___

___

5. List a city, town, or village which is east of Brockport, South of Brockport, west of Brockport, and north of Brockport.

___

___

___

COMPETENCY R

PHYSICAL PLANT

Directions: Use the SUNY Brockport Emergency and Service Manual to answer the following questions.

1. Under what heading would you find weather and travel information? ______________________________
2. What is the phone number? ______________________
3. What is Public Safety's phone number? ______________
4. If you have a blue permit, what lots can you park in?
   ____
5. Why would you use a blue light phone? ______________
   ____
6. Locate Harrison on the map. What building is directly north of Harrison? ______________________
7. What building is at I2? ______________________

Bonus:

Head North along Redman Road. Turn onto New Campus Drive and head East. Note how many "Blue Light" phones you pass on New Campus Drive _______. Next, turn onto Kenyon Street and head North until you reach Residence Drive. Turn here and head West. What is the name of the first building on the right? ____________________

Key

COMPETENCY S
PHYSICAL PLANT

After reading the following memo below answer the questions on the back of this worksheet.

BROCKPORT
State University of New York
College at Brockport
Brockport, New York 14420

Personnel Office
(716) 395-2126
An Equal Opportunity Employer

SUNY College at Brockport
RECEIVED
JUN 10 1993
Plant Management
Brockport NY 14420

TO: SUNY College at Brockport Employees

FROM: Tonya Satryb
Personnel Director

DATE: June 9, 1993

RE: Nutrition Program

We have in the Personnel office a videotape called "Nutrition Lectures." Strong Memorial Hospital Weight Management Center has lent the tape to us. We have use of it until June 23.

If you want to look at it on campus or borrow it overnight, you are welcome to do so. Please call Olive at 2126 to pick it up, along with a couple of informational sheets.

FOR POSTING AND CIRCULATION

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1. Who is the message from? Tonya Satryb personnel director

2. Are important dates given? If so, list them. June 23

3. Who is the message to? SUNY College at Brockport employees

4. Does the memo request a reply? Explain. yes, if you wish to borrow the tape

5. What is the main messege of the memo? to let employees know they can borrow "Nutrition Lectures" videotape before June 23

TUTOR TIPS

COMPETENCY S

PHYSICAL PLANT

Go over the memo writing packet in preparation for participant; this tells the step by step procedure in memo writing.

First, have the participant read a memo and ask any questions they have about it, and then ask questions about the memo to make certain main points are understood. (i.e. Who is the message to and from, does it request a reply, is there a certain date that is important, what is the message this memo is trying to get across?) Refer to the sample memos at the back of the memo writing packet. These will help for the above exercise.

If the memo asks for a response, have the participant write the response following the memo writing procedures.

Make sure the main points of the memo are stressed and understood. You could use the letter to Carol Dowling and ask the participant to write memos after reading this. The letter can be divided into a few different memos. The main point of the letter concerns the orientation. Separate memos can be made for a no smoking campus and the union contract. Another exercise would utilize the one page memo regarding the orientation focus groups. Two different memos can be written; one about training and another about communication.

Go over the SPEAKWRITE System section by section making sure it is understood. This system is in the Memo Writing packet.

1. Speak It: For the memo to accomplish what it is designed to do address these four questions before writing:
   Who is my audience?
   What is my tone?
   What is my purpose?
   What results do I want?

2. Plan It: This is the prewriting stage which involves techniques for coming up with ideas and sorting them out. Some techniques are brainstorming, mindmapping, freewriting, and organizing.

3. Format It: A good memo follows a certain format including To, From, Date and Subject at the top of the memo. The body of the memo includes the main subject and is specific, concise and appealing.

4. Write It: After deciding on the content of the memo there are four rules which apply to how you express it. The four rules are:

   Decrease sentence length.
   Omit needless words.
   Avoid stuffy language.
   Use strong verbs.

5. Refine It: The last step is to proofread your memo and make any changes. Proofreading includes let it sit, read it aloud, exchange it with a colleague, read it backwards, check reference material, and make it perfect.

Remind the participant that a memo is brief, to the point and generally to more than one person. A memo should be written for informal situations, internal, within the company, and between offices. Never for a formal situation, outside of the offices and never for promotional purposes.

MEMO WRITING

Clear communication is essential in the business world. Most business writers think they have to use pompous, wordy language to sound important and get their message taken seriously. Actually the opposite is true. Consider the difference between the following memo excerpts:

> It is realized you will have to effect numerous modifications to current procedures expeditiously.
>
> or
>
> You will have to change current procedures at once.

The second sentence gets the point across more clearly and directly. There's a myth that writing and speaking are totally different functions, that the best conversations have nothing to do with the best letters, or memos. There's no logical reason for that myth. That is one of the problems with writing. Writing has drifted so far from natural, casual conversational speaking that no one can understand what most writers mean. They sound so stuffy and pompous that you would never tolerate them in a conversation. Remember the three most important aspects of business communication include brevity, clarity and personal warmth.

One effective method for business writing is the SPEAKWRITE System. This system was designed by business consultant Patricia Westheimer, to enable people to write as naturally as they speak. The SPEAKWRITE system involves a five-step recipe for writing.

1. Speak It
2. Plan It
3. Format It
4. Write It
5. Refine It

Although this writing plan can be used for letters, reports, projects and proposals we will begin by using it for memo writing.

The basic purpose and scope of a memo is definite. A memo is brief, often sent to more than one person, and deals with a specific topic in a condensed, standard format.
Look at the following guidelines for memo writing.

MEMO-RABILIA
WHEN TO WRITE A MEMO

WHEN:	**WHEN NOT:**
Informal	Formal
Internal	External
Interoffice	Promotional

STEP ONE: SPEAK IT

During the early planning stage of writing it is important to determine the vital elements of your memo. The four basic questions you need to ask yourself before you begin to write are:

Who is my audience?
What is my tone?
What is my purpose?
What results do I want?

By addressing these four questions you will insure that your memo accomplishes what it is designed to do.

Who is my audience?

In memos your audience is usually more than one person. Factors to be considered in analyzing your audience include:

Age
Gender
Education
Income
Occupation
Knowledge
Attitudes

In an effort to appeal to the younger employees in the company, one manager generated the following memo:

December is turning out to be a far out month for the hotel, both occupancy and rate-wise. One of the reasons this month will be so good is because of the BUSINESS ROUNDTABLE GROUP. Everyone associated with this group is listed in the Fortune 500, some of the classiest companies in the world !!!!! Let's all pitch in and do a real bang-up job!!!!

This managers use of fad language and excessive exclamations points actually alienated some of his employees.

What is my purpose?

Purpose is the reason for writing. Are you writing to inform, respond, refute, inquire, direct or persuade? Once your purpose is clear, the organization and focus of your memo becomes easier to determine.

One of the main pitfalls in memo writing is to try to make your memo do to much at one time. The following memo illustrates this point.

To:	Everyone
From:	Mr. Canley
Date:	March 3, 1991
Subject:	Overtime, Lunches, Next Week's Meeting, Budgets, Profit-Sharing

We have been very busy lately, and I haven't been able to get out several memos, so I decided to condense some major problems into one memo.

Overtime-- It's great that so many of you are putting in extra hours, keep up the good work.

Lunches-- Many of you are taking long lunches and making up for the time after 5 pm. I'm glad you are conscientious about making up the time, but I'd prefer that you didn't take the extra time at lunch. It's a burden to have to try and find you after lunch when some of you don't even show up until 2!

Next Meeting-- At next Monday's meeting we will discuss flow charts, cold calling, new benefits. and our quarterly finances-- please be prepared on all of the topics. More to follow on this.

Budgets-- Many departments' budgets are way over their maximum. We are trying to cut back everywhere. Please be considerate of your supervisor when she asks you to conserve on paper, travel expenses, etc.

Profit-Sharing-- The profit-sharing allocations are out. See Mary for your copy.

To solve this problem, write a separate memo on each topic listed in the subject line. Make each of your memos have a single focus and a single purpose.

What Results Do You Want?

It is critical to keep in mind what you want from your memo. Do you want an appointment, a telephone call, a raise, or a contract? If you successfully ask for what you want, chances are you will get it!

What is my tone?

Tone is your style of speaking, the inflections, mood, level of formality or informality you use in communicating. Keep your tone upbeat, positive, and warm, to present both you and your topic most favorably. Tone is also the attitude you take toward your topic. It can be lighthearted or serious but it should always be respectful.
Note the difference tone makes in the following memos.

To: All Employees
From: Betty Sear
Date: March 2, 1991
Subject: WORKING HOURS

These are the hours we want you to work:

8:00 am - 12:00 pm
1:00 pm - 5:00 pm

There will be NO overtime paid unless your supervisor approves it.

To: Everyone
From: Betty Sear
Date: March 2, 1991
Subject: Working Hours

These are our standard working hours:

8:00 am - 12:00 pm
1:00 pm - 5:00 pm

If you have to put in extra time, please consult your supervisor beforehand. Keep up the great work!

The first memo has an obvious negative tone. The second memo gets the point across in a positive, friendly tone.

STEP TWO: PLAN IT

You are now ready for the prewriting stage. Prewriting involves techniques for coming up with your ideas and sorting them out. Prewriting techniques include:

Brainstorming
Mindmapping
Freewriting
Organizing

Brainstorming

Brainstorming is a technique that lets you free-associate your ideas in a random, unstructured form. Brainstorming has a releasing, free-flowing feeling. Image that you are a reporter, ask yourself the following questions:

WHO (will receive it, will be affected)?
WHAT (is it about)?
WHY (is it needed)?
WHERE (will it occur)?
WHEN (are its deadlines scheduled)?
HOW (will it be carried out)?

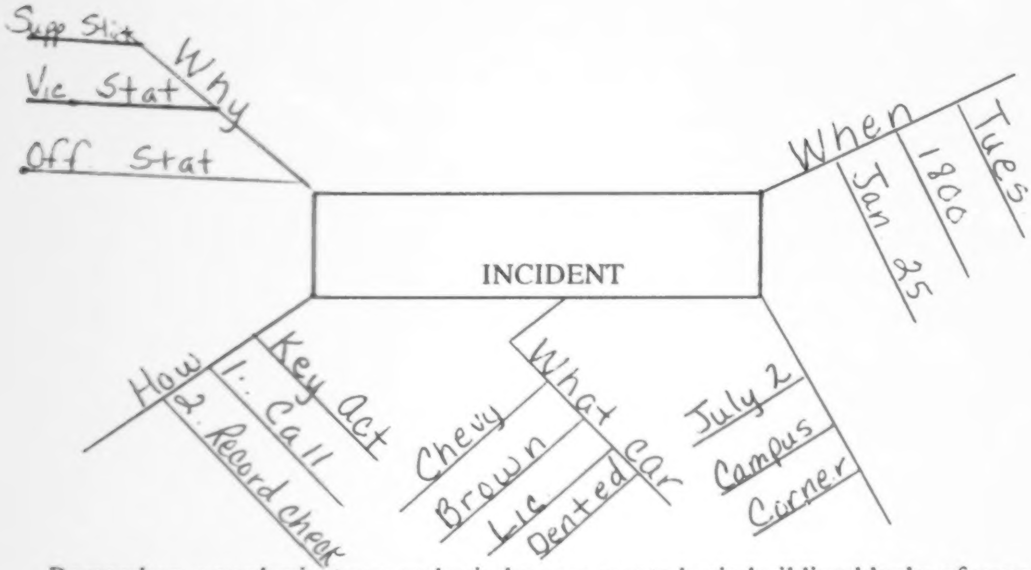
Now get going! Generate as many ideas on your topic as you can. The important point here is that you do no editing at all. This is your time to be completely creative and uncensored. You will have plenty of opportunities to edit and polish later.

Mindmapping

A close cousin to brainstorming is mindmapping. Mindmapping is a technique used to give you a visual representation of how your mind sorts information. It is also called "clustering" because the mind "clusters" or "lumps" information in related ideas.
There is no one correct way to mindmap, but here are some general guidelines to help you start.

*In the center of your paper, draw a square or a circle.
*Inside the circle, write the name of your project, subject of your correspondence, or item you intend to discuss.
*Draw branches from the circle, like branches from a tree, to designate your main topics or concerns.
*To help identify these topics, you might use the who, what, when, where, why, and how.
*Branch of into smaller, related topics.
*Don't worry about the organization of your branches; that comes later.
*If you want, use different colored pens or pencils to designate related topics.

Below is a "mindmap" written by a police officer regarding report writing forms:


Supp Stat
Vic. Stat
Off Stat
Why
When
Tues
1800
Jan 25
INCIDENT
How
1. Call
2. Record check
Key act
What car
Chevy
Brown
Lic
Dented
July 2
Campus
Corner

Remember, your brainstorm and mindmap generate basic building blocks of your memo. They provide the framework of your subject. Once you have finished this portion, much of your work is completed.

Freewriting

A third technique to loosen you up and start you off is freewriting. The key to freewriting is to write ignoring punctuation, spelling, grammar and organization. Let your thoughts flow freely. The basics of freewriting are:

*Write without stopping
*Create without editing
*Format double-spaced
*Allow no criticizing
*Let it sit!

Sometimes it is easier to freewrite once you have brainstormed or mindmapped. You have your ideas, use each topic to produce sentences, then paragraphs, then your memo!

Organizing your ideas

Now that you have finished brainstorming, mindmapping and freewriting, you are ready to organize your ideas.

One way to organize your thoughts is to think of the structure of your memo as an inverted pyramid. Simply stated, this means to put your conclusion first. Next comes the how, how did you arrive at your conclusion and then the why, why you support it. The basics of the inverted pyramid are:

*Put your most important point up front
*Focus your audience's attention on it
*Explain it more extensively
*Support and develop it more strongly

When you write, think about the one sentence you would keep if you could save only one. Put that sentence right up front.
Always put:

*Requests before justifications
*Answers before explanations
*Conclusions before discussions
*Summaries before details
*Generalities before specifics

STEP THREE: FORMAT IT

The following is a format for the "perfect memo", and the reasoning behind it.

THE PERFECT MEMO

(1) MEMO

(2) To: (3) All Employees and Volunteers
(4) From: (5) Joan Rightwood
(6) Date: May 16, 1991
(7) Subject: (8) DEPARTMENTAL SHIFTS

Administrative changes will occur by June 10. These changes will include:

(9) Human Resources will move to our Communications Building.
(10) Purchasing will be a separate department.
Word processing will combine with Publications.

Bring your suggestions to our staff meeting on Monday, June 8, at 3:30 pm

(11) (no signature)
(12) JR:cc
(13) cc: Jacki Carde
John Allen
Eileen Weiler

(1) To distinguish this correspondence from any other, type "Memo" at the top of the page. "Memo" is a more contemporary and relaxed word for the more formal word "Memorandum." "Memo" also reflects the informality of the correspondence.

(2) Use "to" as the first of your identification lines. This line comes first because your audience is the most important factor in your writing.

(3) This line refers to the main people who will receive and take action on your memo. Additional people interested are listed below in (13).

(4) Use "From" as the second of your identification lines to identify yourself as the writer.

(5) Here, make sure you identify yourself by name. A department can not write a memo, but a department head can.

(6) The date is important so the reader understands the urgency of this memo, and when you wrote it. It is also used for filing purposes so include the month, day and the year.

(7) Use the word "Subject," not "Re" or "Reference." "Subject" is more contemporary; besides, we do not use "RE" in speech.

(8) Make your subject as specific, concise, and appealing as you can. After all, you want to attract your reader to your subject. Capitalize each letter to attract attention. These words should be appealing and attention-grabbing. Bland subjects lose readers, lively ones attract them.

(9) The dominant trend in today's paragraph formatting tends toward block style, with the copy typed flush left and ragged right. Readers report that right-justified is hard on the eye. The ragged right creates a softer, more natural look.

(10) Not included in this memo are headers. Headers, equivalent to subheads in a newspaper, divide long memos into shorter topics. They break up lengthy text, show the reader what topic follows, provide easy reference for later use, and give visual variety to the page.

STEP FOUR: WRITE IT

Once you have decided on your content, Westroots Rules of Writing revolutionize the way you express it. These rules apply to memos, letters, proposals, reports and other documents. The four rules are:

Rule 1: Decrease sentence length
- Keep sentences around twenty words maximum length
- Vary sentence length
- List whenever you can

Rule 2: Omit needless words
- Cut out cliches
- "Wind-up" words
- Empty words, phrases
- Redundancies
- Expletives
- Repetition

Rule 3: Avoid stuffy language

*We are in receipt of your recent letter concerning your account.
We received your recent letter about your account.

*We are endeavoring to minimize problems where feasible.
We're reducing problems, where possible.

*It is realized that you will have to effect numerous modifications.
We realize you'll have to make many changes.

Rule 4: Use strong verbs

*Use action verbs, not "to be" verbs
*Use the active, not the passive voice

STEP FIVE: REFINE IT

It is now time to proofread your memo and make any refinements. Proofreading techniques include:

*Let it sit
*Read it aloud
*Exchange it with a colleague
*Read it backwards
*Check reference material
*Make it Perfect!

Your memo is ready to be distributed.

MEMO

TO:	All Employees
FROM:	Ross Stone
DATE:	June 19, 1991
SUBJECT:	MAIN STREET BRANCH

We are sorry to have to announce that our Main Street branch is closing July 6, 1991. We have known for many months that this was inevitable, nevertheless, it was a difficult decision to make. We are happy to report that all Main Street employees have been offered comparable positions at our other sites.

We recognize that closing the Main Street branch will cause some hardships, but we believe that all employees will benefit from our stronger profit position in the long run. We appreciate everyone's cooperation during our consolidation program.

MEMO

TO: All Employees
FROM: Personnel
DATE: March 19, 1991
SUBJECT: VACATION REQUESTS

All employees should submit their 1992 vacation requests to their supervisors no later than April 1. We will attempt to grant every request on a first-come, first-served basis. However, we must maintain adequate staffing at all times. We recommend that you submit your requests early and that you not finalize vacation plans until you have secured management approval of the requested dates.

Memo Writing Practice Activities

Write a memo for the following:

announcing the United Way campaign
requesting information
announcing a meeting
announcing a corporate acquisition
announcing new Federal/State guidelines
announcing an inspection
assigning a task
confirming a conversation
disagreeing for the record
clarifying a disability policy
clarifying an attendance policy
introducing a new employee
announcing an employee's achievement
employee complaint
New Year's message
announcing an employee's retirement
soliciting employee suggestions
responding to a leave of absence request

MEMO

TO: All Staff
FROM: Mike Davis
DATE: August 11, 1991
SUBJECT: COMMITTEE ON FLEXIBLE WORK SCHEDULE

In response to the many employee requests for a more flexible work schedule, a committee has been formed to look into this issue.

The committee's primary function will be to study the possibility of a four-day work-week at Harris Manufacturing. It is being headed by Nathaniel Tavit, Vice-President of personnel Development, and includes two representatives from each of our major divisions.

The committee will meet regularly over the next several weeks and will present a report with its recommendations to the Board by April 1.

The results of the committee's report will then be made public.

COMPETENCY S
PHYSICAL PLANT

After reading the following memo below answer the questions on the back of this worksheet.

BROCKPORT
State University of New York
College at Brockport
Brockport, New York 14420

Personnel Office
(716) 395-2126
An Equal Opportunity Employer

SUNY College at Brockport
RECEIVED
JUN 10 1993
Plant Management
Brockport NY 14420

TO: SUNY College at Brockport Employees

FROM: Tonya Sattyb
Personnel Director

DATE: June 9, 1993

RE: Nutrition Program

We have in the Personnel office a videotape called "Nutrition Lectures". Strong Memorial Hospital Weight Management Center has lent the tape to us. We have use of it until June 21.

If you want to look at it on campus or borrow it overnight, you are welcome to do so. Please call Olive at 2126 to pick it up, along with a couple of informational sheets.

FOR POSTING AND CIRCULATION

BEST COPY AVAILABLE

1. Who is the message from? ______________________________

____

2. Are important dates given? If so, list them. __________

____

3. Who is the message to? ______________________________

____

4. Does the memo request a reply? Explain. ______________

____

5. What is the main messege of the memo? ______________

____

____

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Key

COMPETENCY T

PHYSICAL PLANT

1. Select a memo type out of each group that represents the proper time to write a memo.

(Choose one from each group)

[✓ a. internal]	a. formal	a. promotional
b. external	[✓ b. informal]	[✓ b. interoffice]

2. What is the five-step recipe in the Speak Write system?

1. Speak it
2. Plan it.
3. Format it.
4. Write it.
5. Refine it.

3. What are the four basic questions you need to ask yourself before you begin to write?

1. Who is my audience?
2. What is my tone?
3. What is my purpose?
4. What results do I want?

4. When brainstorming, what are the questions you need to ask yourself?

1. Who?
2. What?
3. Why?
4. When?
5. How?
6. Where?

BEST COPY AVAILABLE

Key

COMPETENCY T

PHYSICAL PLANT

List the steps in the process of writing a work problem memorandum. (There are five)

① Realize the main idea and
supporting details of the problem.
② Compose a clear and concise
message regarding the problem.
③ Pre-write and compose a first
complete copy.
④ Edit and revise first draft
⑤ Write final draft with complete
sentences and the rules of grammar.

TUTOR TIPS

COMPETENCY T

PHYSICAL PLANT

See Competency S

Go over the memo writing packet in preparation for participant; this tells the step by step procedure in memo writing.

First, have the participant read a memo and ask any questions they have about it, and then ask questions about the memo to make certain main points are understood. (i.e. Who is the message to and from, does it request a reply, is there a certain date that is important, what is the message this memo is trying to get across?) Refer to the sample memos at the back of the memo writing packet. These will help for the above exercise.

If the memo asks for a response, have the participant write the response following the memo writing procedures.

Make sure the main points of the memo are stressed and understood. You could use the letter to Carol Dowling and ask the participant to write memos after reading this. The letter can be divided into a few different memos. The main point of the letter concerns the orientation. Separate memos can be made for a no smoking campus and the union contract. Another exercise would utilize the one page memo regarding the orientation focus groups. Two different memos can be written; one about training and another about communication.

Go over the SPEAKWRITE System section by section making sure it is understood. This system is in the Memo Writing packet.

1. Speak It: For the memo to accomplish what it is designed to do address these four questions before writing:
   Who is my audience?
   What is my tone?
   What is my purpose?
   What results do I want?

2. Plan It: This is the prewriting stage which involves techniques for coming up with ideas and sorting them out. Some techniques are brainstorming, mindmapping, freewriting, and organizing.

3. Format It: A good memo follows a certain format including To, From, Date and Subject at the top of the memo. The body of the memo includes the main subject and is specific, concise and appealing.

4. Write It: After deciding on the content of the memo there are four rules which apply to how you express it. The four rules are:

   Decrease sentence length.
   Omit needless words.
   Avoid stuffy language.
   Use strong verbs.

5. Refine It: The last step is to proofread your memo and make any changes. Proofreading includes let it sit, read it aloud, exchange it with a colleague, read it backwards, check reference material, and make it perfect.

Remind the participant that a memo is brief, to the point and generally to more than one person. A memo should be written for informal situations, internal, within the company, and between offices. Never for a formal situation, outside of the offices and never for promotional purposes.

COMPETENCY T

PHYSICAL PLANT

List the steps in the process of writing a work problem memorandum. (There are five)

COMPETENCY T

PHYSICAL PLANT

1. Select a memo type out of each group that represents the proper time to write a memo.

(Choose one from each group)

a. internal	a. formal	a. promotional
b. external	b. informal	b. interoffice

2. What is the five-step recipe in the Speak Write system?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

3. What are the four basic questions you need to ask yourself before you begin to write?

1. ____
2. ____
3. ____
4. ____

4. When brainstorming, what are the questions you need to ask yourself?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________

key

COMPETENCY U

PHYSICAL PLANT

Read the work-related materials and answer the questions.

1. What heading or words are boldface, enlarged print, asterisks, or boxed/separated from the body of the text in each work-related material?

Title: Smoke-Free Workplace
Bold: Title and Headings, 1st & 2nd paragraphs
Enlarged Print: Assistance sources for employees
Separate/boxed from body: Assistance sources for employees.

2. After reading each bulletin board notice, newsletter, and fact sheet, write a brief summary. Be sure to include only the important information.

1. prepare a draft
2. edit and revise your draft
3. prepare your final version using the rules of grammar

Competency U
Physical Plant

Skimming and scanning can be useful tools in the workplace and everyday life. The terms can be very confusing, but chances are you use these techniques everyday without even knowing you do it.

> Scanning is used to look quickly over a reading, article, or document for the general idea. Mainly, scanning is needed to determine information in a short amount of time. Key words, numbers, or letters may assist in finding the information that you may be searching for, such as in the CSEA contract.

> Skimming is used to read or glance through information (a book or article) quickly. For example, reading the title of an article or captions under pictures to determine the interest you may have in reading further into the subject.

NEW YORK
STATE UNIVERSITY
PUBLIC SAFETY

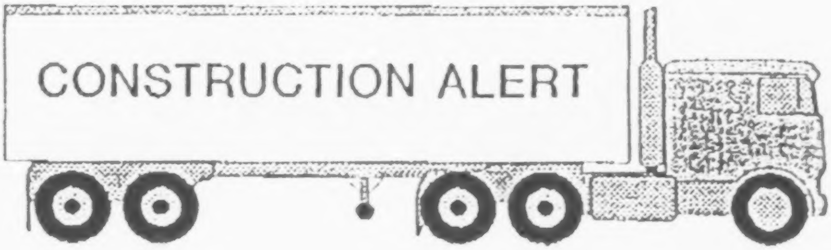
Brockport Public Safety Department's

Facsimile News

"JUST THE FAX"

FAX 395 5383

Emergency Only
395 2222
Non-Emergency (Escorts)
396 2226
Parking & ID
395 2283
Weather & Road Conditions
395 COLD



HEAVY EQUIPMENT

WILL BE MOVING IN THE

B1 COMMUTER PARKING LOT
(NORTH OF DRAKE LIBRARY)

UNTIL JUNE 25th.

SUGGESTED PARKING

AB1 or AB2

CALL 395 COLD
FOR UPDATES AT 6AM & 6PM AND WHEN CONDITIONS WARRANT

283

Please Copy, Post and Share with others in your area.

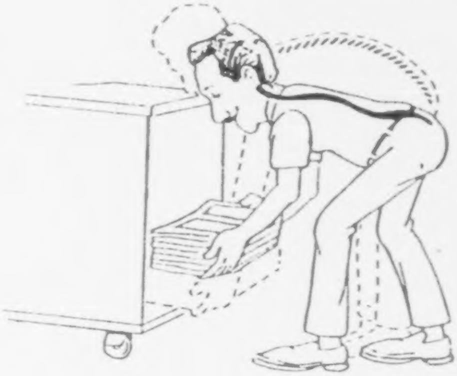
BACK TIPS FOR CAFETERIA, HOUSEKEEPING, LAUND

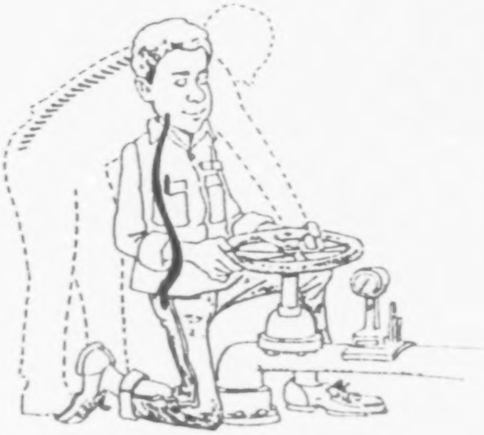
As a member of the cafeteria, housekeeping, laundry, or maintenance staff, you do a variety of jobs that are physically demanding and expose your back to possible injury. Fortunately, since you lift and move objects instead of people, you are freer to watch your own safety and comfort than those who work with

Lifting

Lifting is the most common cause of back injury among health care workers. So always:

- Keep the load close to your body
- Bend your knees and hips.
- Tighten your abdominal muscles when you lift; they help support your back.
- Lift with your legs and buttocks.
- Maintain your three natural curves.
- Avoid twisting as you lift.





Twisting

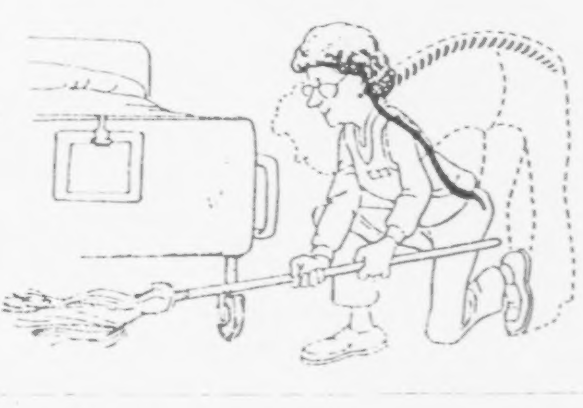
Your work sometimes requires twisting your back, such as when turning a valve. To perform a twisting motion safely:

- Kneel down on one knee.
- Maintain your three natural curves.
- Position yourself so that you have the best possible leverage.
- Use your arms and legs to do the work, not your back.

Bending

Cleaning under beds and other furniture calls for a lot of bending. To perform bends safely:

- Kneel down on one knee.
- Maintain your three natural curves.
- Bend knees and hips, not your back.
- When leaning forward, move your whole body, not just your arms.



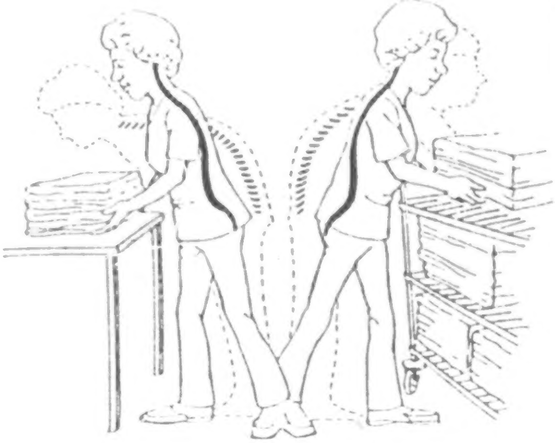
RY, AND MAINTENANCE STAFF

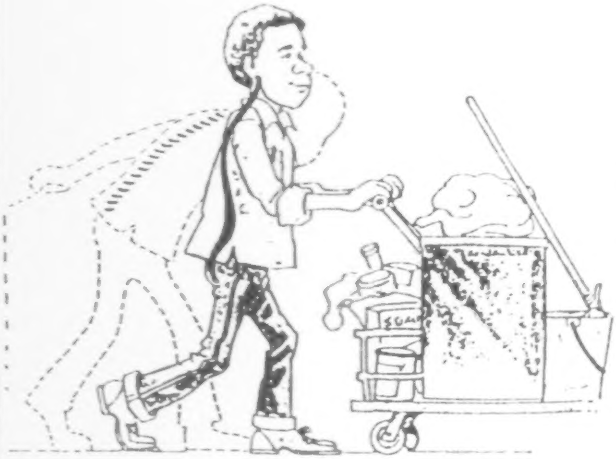
patients. And since you move around a lot, you don't subject your back to the strain of sitting all day. But take care to use good body mechanics, get help with heavy loads, and watch out for slippery surfaces. By making back care a habit, you can keep your back healthy.

Repetitive Motions

When you use repetitive motions, such as when stacking linens, remember your back is always working. Take care to:

- Keep the loads small.
- Turn your whole body instead of twisting.
- Get close to the load; don't reach and lift.
- Lift with your arms and legs, not your back.
- Tighten your stomach muscles to lift.
- Change positions frequently.





Pushing & Pulling

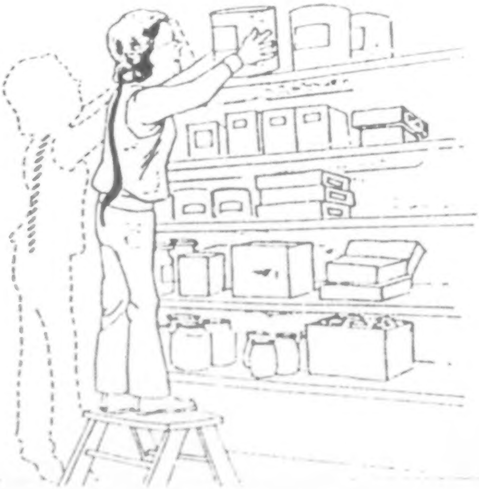
Pushing and pulling large objects such as trash bins can be as hard on your back as heavy lifting. Remember to:

- Stay close to the load, don't lean forward.
- Whenever possible, push rather than pull (you can push twice as much as you can pull without strain).
- Use both arms.
- Tighten your stomach muscles when pushing.

Reaching

Reaching for supplies, especially in high places, can injure your back if you reach too far or lift too great a weight. Be sure to:

- Reach only as high as is comfortable but don't stretch; use a stool if you need it.
- Test the weight of the load before lifting by pushing up on one corner.
- Let your arms and legs do the work, not your back. Tighten your stomach muscles as you lift.



Bulletin Board Notice

SMOKE-FREE WORKPLACE

- POLICY -

As of July 1, 1993, the State University College at Brockport will become a totally smoke-free workplace. Smoking will be strictly prohibited in all campus buildings, at the Educational Opportunity Center in Rochester, and in all vehicles owned by the College or its auxiliary service corporation (FSA). Doorway areas are considered part of the building.

The only exception to this policy is for private quarters in residence halls. In residence halls smoking is prohibited in all areas which students use in common, or to which the public has access. Smoking is allowed in designated student bedrooms only at the request of the students.

- BACKGROUND -

Health risks associated with smoking are well documented. Since 1987 when the College at Brockport first restricted smoking on the campus additional studies have indicated that exposure to secondary smoke is a significant risk for the non-smoker. As an employer, the College is responsible for providing a safe work environment and, consequently, it cannot ignore this evidence.

- SUPPORT -

Understanding the addictive nature of smoking and that breaking the habit is extremely difficult for many people, the College will make every effort to assist those employees who elect to stop smoking. If there is sufficient demand, the College will offer Smoking Cessation Programs. Anyone interested should contact the Personnel Office (x-2126), or the Wellness Center (x-5252).

Other sources for information and/or assistance for employees and students seeking to quit smoking are:

AMERICAN CANCER SOCIETY
1400 North Winton Road
Rochester, New York 14609
Phone: 288-1950

AMERICAN LUNG ASSOCIATION
1595 Elmwood Avenue
Rochester, New York 14620
Phone: 442-4260

PREFERRED CARE (Healthy Life Styles)
259 Monroe Avenue, Suite A
Rochester, New York 14607
Phone: 325-3920

AMERICAN HEART ASSOCIATION
797 Elmwood Avenue
Rochester, New York 14620
Phone: 461-5590

WELLNESS CENTER
Hazen Hall
Phone: 395-5252

BLUE CHOICE (Healthy Choices)
Gateway Centre
150 East Main Street
Rochester, New York 14647
Phone: 454-4810

- COMPLIANCE -

It is the responsibility of all members of the College community to observe this smoking policy. Complaints relating to implementation of this policy should be referred to the appropriate building coordinator. If the complaint cannot be satisfactorily disposed of by the building coordinator, the matter should be referred by the building coordinator to the appropriate department/division head or the Personnel Office.

COMPETENCY U

PHYSICAL PLANT

Read the work-related materials and answer the questions.

1. What heading or words are boldface, enlarged print, asterisks, or boxed/separated from the body of the text in each work-related material?

2. After reading each bulletin board notice, newsletter, and fact sheet, write a brief summary. Be sure to include only the important information.

   1. prepare a draft
   2. edit and revise your draft
   3. prepare your final version using the rules of grammar

key

COMPETENCY V

PHYSICAL PLANT

1. The most reliable source of the model number on a machine can be found...

   a. on the purchase receipt
   b. on the box
   [✓ c.] on the machine
   d. in the owner's manual

2. If you have a problem with the operation of the equipment, you should first consult ________________ in the owner's manual.

   [✓ a.] troubleshooting
   b. assembly
   c. storage
   d. service

3. If troubleshooting does not contain the solution to the operation problem in question two then the next heading that should be consulted in the owner's manual is...

   [✓ a.] operation
   b. starting and stopping
   c. fuel
   d. service

4. What is the best way to locate the nearest warranty or repair service?

Refer to the owner's manual for a 1-800 number or call the nearest dealer

5. List three different ways pertinent and important information are noted with special print.

① Boldface, ② Enlarged Print, and ③ Boxed or separated from body of text.

6. Explain the written question-and-answer format for equipment troubleshooting procedures.

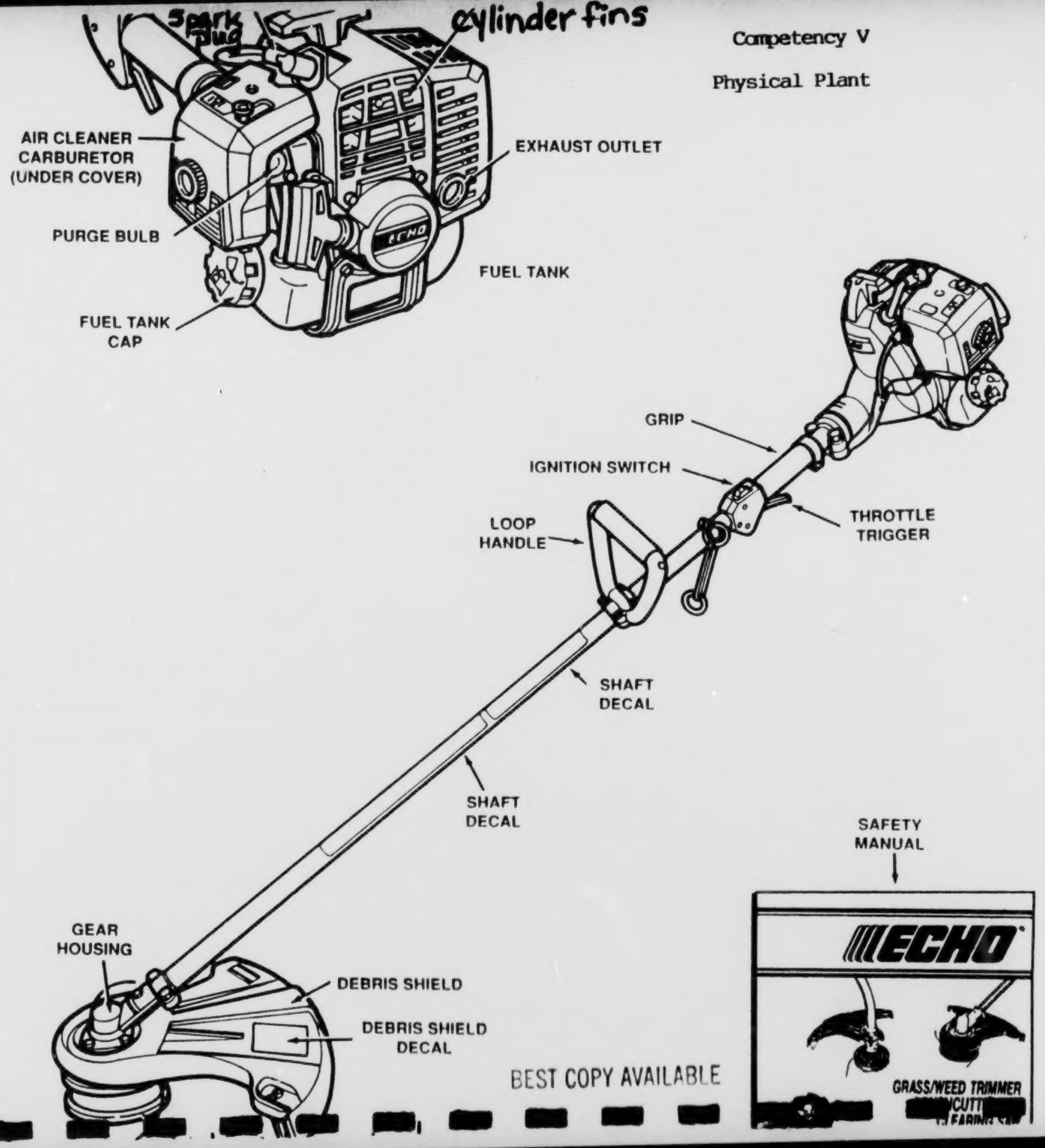
The troubleshooting chart has the problem at the left, the cause of the problem in the middle and the remedy to the right.

7. Discuss and describe the organization's procedures for reporting malfunctioning equipment. (Use the back for space)

Competency V

Physical Plant

Key


Spark plug
cylinder fins
AIR CLEANER CARBURETOR (UNDER COVER)
EXHAUST OUTLET
PURGE BULB
ECHO
FUEL TANK
FUEL TANK CAP
GRIP
IGNITION SWITCH
THROTTLE TRIGGER
LOOP HANDLE
SHAFT DECAL
SHAFT DECAL
SAFETY MANUAL
ECHO
GRASS/WEED TRIMMER
GEAR HOUSING
DEBRIS SHIELD
DEBRIS SHIELD DECAL

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COMPETENCY V

PHYSICAL PLANT

1. The most reliable source of the model number on a machine can be found...

   a. on the purchase receipt
   b. on the box
   c. on the machine
   d. in the owner's manual

2. If you have a problem with the operation of the equipment, you should first consult ________________ in the owner's manual.

   a. troubleshooting
   b. assembly
   c. storage
   d. service

3. If troubleshooting does not contain the solution to the operation problem in question two then the next heading that should be consulted in the owner's manual is...

   a. operation
   b. starting and stopping
   c. fuel
   d. service

4. What is the best way to locate the nearest warranty or repair service?

____

____

5. List three different ways pertinent and important information are noted with special print.

____

____

6. Explain the written question-and-answer format for equipment troubleshooting procedures.

____

____

____

7. Discuss and describe the organization's procedures for reporting malfunctioning equipment. (Use the back for space)

rts

·bris Shield

aft Decal (2)

op Handle

lon Cutter Head

bris Shield Decal

rottle Trigger

ar Housing

nition Switch

ip

el Tank

el Tank Cap

ark Plug

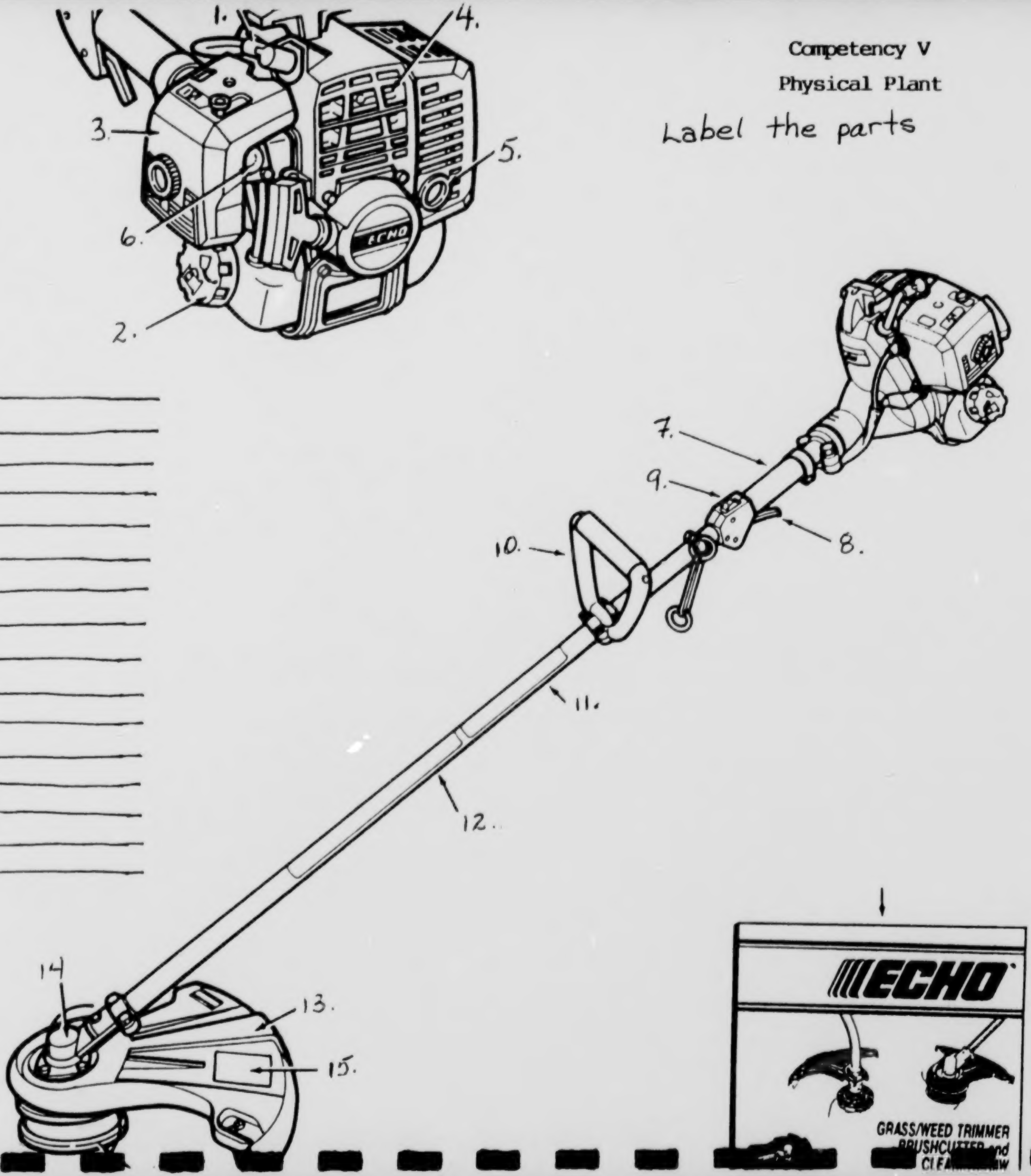
haust Outlet

rge Bulb

r Cleaner
  Carburetor

linder Fins

Label the parts


1.
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GRASS/WEED TRIMMER
BRUSHCUTTER and

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13________________

14________________

15________________

16.________________

Key

COMPETENCY W

PHYSICAL PLANT

Answer the questions pertaining to the Employee Suggestion Award form.

1. How often does the committee meet to review the suggestions? once a month

2. Who should the form be submitted to? personnel dept - allen administration Bldg.

3. Write a suggestion using the format of the Employee Suggestion Award form. Use the subjects on the form or think of your own topic. In your suggestion, explain how your idea will benefit or improve the organization. Edit and revise your draft, correcting for grammar and spelling errors.

@Refer to the Employee Suggestion Award form.@

COMPETENCY W

PHYSICAL PLANT

Answer the questions pertaining to the Employee Suggestion Award form.

1. How often does the committee meet to review the suggestions?______________________

2. Who should the form be submitted to?______________________
____

3. Write a suggestion using the format of the Employee Suggestion Award form. Use the subjects on the form or think of your own topic. In your suggestion, explain how your idea will benefit or improve the organization. Edit and revise your draft, correcting for grammar and spelling errors.

@Refer to the Employee Suggestion Award form.@

SUNY COLLEGE AT BROCKPORT
Employee Suggestion Program

SUGGESTER'S NAME (Optional)______________________________ Date______________

I would like to suggest ______________________________

PERSONNEL OFFICE

USE ONLY

Suggestion are ideas to.........

IMPROVE

Cooperation
Layoffs
Equipment
Forms
Methods
Property protection
Public Relations
Quality
Health/Safety
Working Conditions

ELIMINATE

Accidents
Bottlenecks
Breakage
Cost
Duplication
Fatigue
Fire Hazards
Inventory shortages
Red Tape
Waste

HOW TO SUBMIT YOUR SUGGESTIONS

1. Type or print your name and date on front of form.
2. Use separate form for each suggestion.
3. Leave blank space for Personnel use only.
4. Complete the statement "I would like to suggest......
5. Fold form with the Personnel Office address showing.
6. Responses to serious suggestions will be disseminated as soon as feasible.

Mail to:

SUNY COLLEGE AT BROCKPORT
Personnel Office
Allen Administration Building

CAMPUS MAIL

Key

COMPETENCY X

PHYSICAL PLANT

Use this situation to fill out the accident report.

A student rushing to class in Seymour Union carelessly tosses the remnants of his lunch in the direction of the waste basket. Unfortunately for those following him, the items, a banana peel and jello, failed to reach their intended goal and splattered on the floor. You arrive a few moments after the spill is made, see the mess, and quickly go to get your cleaning materials.

Meanwhile, a co-worker of your walks toward the spill unaware of the slippery mess on the floor. She is looking up at a flickering lightbulb that needs replacement. You see her heading for the spill and try to warn her by yelling "Look Out", but you are too late. The employee slips in the mess and falls. She tries breaking her fall with her left hand and you hear a definite **"Crack"** when she lands. You rush to her aid and she reports that she can not move her hand and suspects she broke it and will need medical attention. She gives you her doctor's name and you call him trying to explain what happened. The doctor arranges to meet the injured party at Lakeside Memorial Hospital. You call for an ambulance and remain with your co-worker seeing to her comfort until the ambulance arrives to take her to the hospital. You then remember to notify her husband of the accident.

*Her husband calls you later and reports that his wife did indeed break her arm and will be unable to work for four weeks!

Now fill out the accident report in your own words.

You will find the address for Lakeside Memorial Hospital in the phone book.

Use the doctor below if you wish. Feel free to make up your own.

Doctor Markus Wellby
100 Pennsylvania Avenue
Rochester, NY 14623

PP

CS-13
C2128-681

STATE UNIVERSITY OF NEW YORK
REPORT OF ACCIDENT OR INJURY
(OTHER THAN A MOTOR VEHICLE ACCIDENT)

To be completed by Safety Supervisor
4 File ID Year No Sequence

1 Campus 28

2 Date and time of accident Mo 08 Day 02 Year 94 Time 0830

3 Date of report Mo 08 Day 03 Year 94

5 Did accident involve personal injury A) Yes B) No — A

6 Victim status: A) Student B) Faculty/Staff C) Patrol Officer D) FSA E) Patient F) Vendor G) Visitor [✓ H) Other] (specify Physical Plant

7 Name of office/department where employee is regularly assigned Physical Plant

8 Sex: A) Female B) Male — A

9 Date of birth: Mo. 05 Day 21 Year 52

10 Name of victim (PRINT LAST NAME, FIRST, MIDDLE) Tripalot Grace E

Local address: Suny Brockport
Brockport, NY Tel 395-

Home Address: 105 S. Holley Wood Av
Holley, NY Tel: 638-752

11 Marital status: A) Single B) Married C) Separated D) Divorced E) Unknown — B

12 Social Security Number: 123456789

13 Job title and grade: Maintenance assist. / Grade 9

14 Employment date Mo 10 Day 15 Year 88

15 Was victim in authorized area A) yes B) No C) Unknown — A

16 Reporter of accident A) Faculty/Staff B) Victim C) Other (specify) Physical Plant — C

17 Name of reporter of accident: (PRINT LAST NAME, FIRST, MIDDLE) Participant Peggy

Address: 72 Utica Street
Brockport, NY Tel: 637-246

18 General area of occurrence: A) Dorm B) Dining hall C) Student union D) Academic E) Gym F) Admin G) Maint. Bldg. H) Road I) Parking Lot J) Grounds K) Hospital L) Other — C

19 Specific area of occurrence Seymour Union Room

20 If physical injury, part of body injured (ONE ONLY, MOST SERIOUS)
A) Abdomen B) Ankle C) Arm D) Back E) Chest F) Elbow G) Eye H) Face I) Finger J) Foot K) Hand L) Head M) Hip N) Knee O) Leg P) Lip Q) Neck R) Nose S) Shoulder T) Spine U) Teeth V) Thigh W) Toes X) Trunk Y) Wrist Z) Other (specify) — C

21 If physical injury, type of injury: (SELECT ONE ONLY)
A) Abrasion B) Amputation C) Bruise D) Burn E) Burn (chem.) F) Concussion G) Cut H) Dislocation I) Fracture J) Laceration K) Puncture L) Swelling M Tooth (broken) N) Sprain O) Strain P) Other (specify) — I

22 If physical injury, extent A) Fatal B) Major C) Minor — C

23 If physical injury, nature A) Temporary B) Permanent — A

24 Accident A) Athletic B) Academic C) Job related D) Other — C

25 Were safeguards provided A) Yes B) No — B

26 Were safeguards in use A) Yes B) No — B

27 Are there witnesses (List in narrative) A) Yes B) No — A

28 Medical assistance rendered A) First aid by staff B) Infirmary C) Hospital D) Ambulance E) Other — C

29 Name and address of physician
Dr. Markus Wellby
100 Pennsylvania Avenue
Rochester, NY 14623

30 Name and address of hospital
Lakeside Memorial Hospita
156 West Avenue
Brockport, NY 14420

31 Has employee returned to work A) yes B) No — B If yes, date: Mo Day Year

32 Employee have restricted duties: A) Yes B) No — A

33 Supervisor notified A) Yes B) No — A Date and time Mo 08 Day 03 Year 94 Time 1000

34 Name of Supervisor: Frank Overyou

NARRATIVE (Only give a brief description of who, what, when, where, how, etc.) List witnesses names and addresses.

Grace Tripalot slipped on misplaced jello and a banana peel in Seymour Union while looking at a light that needed to be fixed. I saw her walking toward the mess slip, and fall, but I was too late to warn her. When she fell, She hit her left hand and she heard

Report completed by: Peggy Participant
Title: Cleaner
Date: 8-3-94

Safety Supervisor's signature
Title
Date

7-042

it crack. I called Grace's doctor and explained her situation. Grace met her doctor, Dr. Markus Wellby, at Lakeside Memorial Hospital by ambulance. After Dr. Wellby examined Grace, it was determined she had a fractured arm and would not be returning to work for four weeks.

COMPETENCY X

PHYSICAL PLANT

Use this situation to fill out the accident report.

A student rushing to class in Seymour Union carelessly tosses the remnants of his lunch in the direction of the waste basket. Unfortunately for those following him, the items, a banana peel and jello, failed to reach their intended goal and splattered on the floor. You arrive a few moments after the spill is made, see the mess, and quickly go to get your cleaning materials.

Meanwhile, a co-worker of your walks toward the spill unaware of the slippery mess on the floor. She is looking up at a flickering lightbulb that needs replacement. You see her heading for the spill and try to warn her by yelling "Look Out", but you are too late. The employee slips in the mess and falls. She tries breaking her fall with her left hand and you hear a definite **"Crack"** when she lands. You rush to her aid and she reports that she can not move her hand and suspects she broke it and will need medical attention. She gives you her doctor's name and you call him trying to explain what happened. The doctor arranges to meet the injured party at Lakeside Memorial Hospital. You call for an ambulance and remain with your co-worker seeing to her comfort until the ambulance arrives to take her to the hospital. You then remember to notify her husband of the accident.

*Her husband calls you later and reports that his wife did indeed break her arm and will be unable to work for four weeks!

Now fill out the accident report in your own words.

You will find the address for Lakeside Memorial Hospital in the phone book.

Use the doctor below if you wish. Feel free to make up your own.

Doctor Markus Wellby
100 Pennsylvania Avenue
Rochester, NY 14623

CS-13
C2128 681

STATE UNIVERSITY OF NEW YORK
REPORT OF ACCIDENT OR INJURY
(OTHER THAN A MOTOR VEHICLE ACCIDENT)

To be completed by Safety Supervisor

1. Campus: 28 ___ ___
2. Date and time of accident: Mo. | Day | Year | Time
3. Date of report: Mo. | Day | Year
4. File ID: Year | No. | Sequence

5. Did accident involve personal injury: A) Yes B) No
6. Victim status: A) Student B) Faculty/Staff C) Patrol Officer D) FSA E) Patient F) Vendor G) Visitor H) Other (specify ______

7. Name of office/department where employee is regularly assigned: ______

8. Sex: A) Female B) Male
9. Date of birth: Mo. | Day | Year
10. Name of victim (PRINT LAST NAME, FIRST, MIDDLE)

11. Marital status: A)Single B) Married C) Separated D) Divorced E) Unknown
12. Social Security Number:

Local address: ______

______ Tel. ______

13. Job title and grade:

Home Address ______

Tel: ______

14. Employment date: Mo. | Day | Year
15. Was victim in authorized area: A) yes B) No C) Unknown

16. Reporter of accident: A) Faculty/Staff B) Victim C) Other (specify) ______
17. Name of reporter of accident: (PRINT LAST NAME, FIRST, MIDDLE)

18. General area of occurrence: A) Dorm B) Dining hall C) Student union D) Academic E) Gym F) Admin. G) Maint. Bldg. H) Road I) Parking Lot J) Grounds K) Hospital L) Other ______

Address: ______

19. Specific area of occurrence: Room

Tel: ______

20. If physical injury, part of body injured: (ONE ONLY, MOST SERIOUS)

A) Abdomen B) Ankle C) Arm D) Back E) Chest F) Elbow G) Eye H) Face I) Finger J) Foot K) Hand L) Head M) Hip N) Knee O) Leg P) Lip Q) Neck R) Nose S) Shoulder T) Spine U) Teeth V) Thigh W) Toes X) Trunk Y) Wrist Z) Other (specify) ______

21. If physical injury, type of injury: (SELECT ONE ONLY)

A) Abrasion B) Amputation C) Bruise D) Burn E) Burn (chem.) F) Concussion G) Cut H) Dislocation I) Fracture J) Laceration K) Puncture L) Swelling M Tooth (broken) N) Sprain O) Strain P) Other (specify) ______

22. If physical injury, extent: A) Fatal B) Major C) Minor
23. If physical injury, nature: A) Temporary B) Permanent
24. Accident: A) Athletic B) Academic C) Job related D) Other ______

25. Were safeguards provided: A) Yes B) No
26. Were safeguards in use: A) Yes B) No

27. Are there witnesses: (List in narrative) A) Yes B) No
28. Medical assistance rendered: A) First aid by staff B) Infirmary C) Hospital D) Ambulance E) Other ______

29. Name and address of physician:

30. Name and address of hospital:

31. Has employee returned to work: A) yes B) No | If yes, date: Mo. | Day | Year
32. Employee have restricted duties: A) Yes B) No

33. Supervisor notified: A) Yes B) No | Date and time: Mo. | Day | Year | Time
34. Name of Supervisor: ______

NARRATIVE (Only give a brief description of who, what, when, where, how, etc.) List witnesses names and addresses.

______

______

______

______

Report completed by: ______ Title: ______ Date: ______

Safety Supervisor's signature: ______ Title: ______ Date: ______

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Key

COMPETENCY Y

PHYSICAL PLANT

1. Convert the following military times into regular clock hours. Be sure to indicate a.m. or p.m..

A. 1525= 3:25 p.m.
B. 2133= 9:33 p.m.
C. 1755= 5:55 p.m.
D. 0156= 1:56 .m.
E. 0125= 1:25 a.m.
F. 0825= 8:25 a.m.
G. 2350= 11:50 p.m.
H. 2145= 9:45 p.m.
I. 1825= 6:25 p.m.

2. Convert the following regular clock hours into military time.

A. 1:15 p.m. = 1315
B. 2:45 a.m. = 1445
C. 5:30 p.m. = 1730
D. 10:15 p.m. = 2215
E. 12:00 a.m. = 2400
F. 12:00 p.m. = 1200

3. Figure out how many hours have been worked in each example by converting them to military time. Show all work.

	A	B	C	D
Clocked In:	8:00a.m.	9:15a.m.	8:45a.m.	9:30a.m.
Lunch Out:	12:00p.m.	1:15p.m.	12:30p.m.	1:45p.m.
Lunch In:	12:30p.m.	2:00p.m.	1:15p.m.	2:45p.m.
Clock Out:	4:00p.m.	5:15p.m.	4:30p.m.	4:45p.m.

	A	B	C	D
	0730	0715	0630	0615
Hours:	7hrs. 30min	7hrs 15min	6hrs. 30min	6hrs. 15min.

Work Space

7:30
0800
1200
4
12 30
16 00

7:15
09 15
13 15
4
1400
1715

6:30
08:45
1230
3 15
1315
1630

6:15
09 30
1345
4 15
1445
1645

304

4. Add the hours worked for workweek X. Show all work.

Workweek X

	Monday	Tuesday	Wednesday	Thursday	Friday
P in	0825	0925	0833	0840	0852
L out	1234	1346	1232	1258	1338
L in	1304	1416	1356	1316	1502
P out	1706	1718	1652	1528	1506

0811 0723 0815 0630 0530

Hours: 8hrs. 11min. 7hrs 23min 8hrs 15min. 6hrs. 30min 5hrs. 30min

Work Space

0825
1234
0409
0811
1304
1706
402

0925
1346
0421
0723
1416
1718
0302

0833
1232
0399 = 0439
0775
1356
1652
0296 = 0336

0630
0840
1258
0418
1316
1528
0212.

0852
1338
0486 =
1502
1506
0004

5. Name the twelve legal holidays recognized by SUNY Brockport.

1. New Year's Day
2. Martin Luther King Day
3. Lincoln's Birthday
4. Washington's Birthday
5. Memorial Day
6. Independence Day
7. Labor Day
8. Columbus Day
9. Election Day
10. Veterans Day
11. Thanksgiving Day
12. Christmas Day

6. Physical Plant's pay period begins on Thursday and ends on Wednesday.

7. Overtime must be approved by your Supervisor and it is based on Seniority status.

8. What is the maximum amount of vacation hours that can be accrued? 320 hours

What happens if your vacation hours are above the accrual allowance? hours are lost

9. What is the maximum amount of sick hours that can be accrued? 1,600 hours

How many sick hours can be cashed in at retirement?

1,320 hours

KEY

REGULAR TIME	MILITARY TIME
12:00 AM	2400 hrs
1:00 AM	0100
2:00 AM	0200
3:00 AM	0300
4:00 AM	0400
5:00 AM	0500
6:00 AM	0600
7:00 AM	0700
8:00 AM	0800
9:00 AM	0900
10:00 AM	1000
11:00 AM	1100
12:00 PM	1200
1:00 PM	1300
2:00 PM	1400
3:00 PM	1500
4:00 PM	1600
5:00 PM	1700
6:00 PM	1800
7:00 PM	1900
8:00 PM	2000
9:00 PM	2100
10:00 PM	2200
11:00 PM	2300

* after 12:00pm, just add 12 to the regular time

COMPETENCY Y

PHYSICAL PLANT

1. Convert the following military times into regular clock hours. Be sure to indicate a.m. or p.m..

A. 1525=__________ D. 0156=__________ G. 2350=__________

B. 2133=__________ E. 0125=__________ H. 2145=__________

C. 1755=__________ F. 0825=__________ I. 1825=__________

2. Convert the following regular clock hours into military time.

A. 1:15 p.m. =__________ D. 10:15 p.m. =__________

B. 2:45 a.m. =__________ E. 12:00 a.m. =__________

C. 5:30 p.m. =__________ F. 12:00 p.m. =__________

3. Figure out how many hours have been worked in each example by converting them to military time. Show all work.

	A	B	C	D
Clocked In:	8:00a.m.	9:15a.m.	8:45a.m.	9:30a.m.
Lunch Out:	12:00p.m.	1:15p.m.	12:30p.m.	1:45p.m.
Lunch In:	12:30p.m.	2:00p.m.	1:15p.m.	2:45p.m.
Clock Out:	4:00p.m.	5:15p.m.	4:30p.m.	4:45p.m.

Hours: __________ A __________ B __________ C __________ D

Work Space

4. Add the hours worked for workweek X. Show all work.

Workweek X

	Monday	Tuesday	Wednesday	Thursday	Friday
P in	0825	0925	0833	0840	0852
L out	1234	1346	1232	1258	1338
L in	1304	1416	1356	1316	1502
P out	1706	1718	1652	1528	1506

Hours: ________ ________ ________ ________ ________

Work Space

5. Name the twelve legal holidays recognized by SUNY Brockport.

1. ______________________ 7. ______________________

2. ______________________ 8. ______________________

3. ______________________ 9. ______________________

4. ______________________ 10. ______________________

5. ______________________ 11. ______________________

6. ______________________ 12. ______________________

6. Physical Plant's pay period begins on ________________ and ends on ______________________.

7. Overtime must be approved by your ______________ and it is based on ________________ status.

8. What is the maximum amount of vacation hours that can be accrued? ___________________________

What happens if your vacation hours are above the accrual allowance? _________________________

9. What is the maximum amount of sick hours that can be accrued? ___________________________

How many sick hours can be cashed in at retirement?

____

REGULAR TIME	MILITARY TIME
12:00 AM	
1:00 AM	
2:00 AM	
3:00 AM	
4:00 AM	
5:00 AM	
6:00 AM	
7:00 AM	
8:00 AM	
9:00 AM	
10:00 AM	
11:00 AM	
12:00 PM	
1:00 PM	
2:00 PM	
3:00 PM	
4:00 PM	
5:00 PM	
6:00 PM	
7:00 PM	
8:00 PM	
9:00 PM	
10:00 PM	
11:00 PM	

* after 12:00pm just add 12 to the regular time
(example 1pm would be 12 + 1 = 13:00 hours)

LAST NAME FIRST INITIAL

Social Security #

From To

Location

Vac. Per Family Sick

Sick O.T. Memo

Accrual Summary	VACATION LEAVE	SICK LEAVE	PERSONAL LEAVE	OVER TIME	FOR PS&T USE ONLY HOLIDAYS
Previous Balance					
CREDITS EARNED					
SUB TOTAL					
CHARGES					
BALANCE FORWARD					

	S.U.N.Y. AT BROCKPORT							LEAVE TAKEN					
	IN	OUT	IN	OUT	IN	OUT	TOTAL HOURS WORKED	VACATION	SICK	FAMILY SICK	PERSONAL	OVER TIME	REMARKS
TH													
F													
S													
SU													
M													
TU													
W													
TH													
F													
S													
SU													
M													
TU													
W													
						Totals							

Certified Correct As To Time And Credits

Employee

Supervisor

Key

COMPETENCY Z

In the following situations, which type of leave time would apply?

Note: Complete this section after scanning the Civil Service Handbook.

1. Your son/daughter comes down with the chicken pox.

   family sick leave

2. It is Memorial Day and you have the day off.

   holiday comp time

3. This morning you were moving a desk and you dropped it on your foot. The Doctor has told you to take a few days off.

   worker's comp

4. Congratulations! You have won a two week, all expense paid trip to the Bahamas.

   vacation

5. Your Doctor tells you that you have the flu and that you are NOT to go to work for three days.

   sick leave

BONUS:

6. You are a Union Officer and you have to attend a Union Meeting.

   employee org. leave

COMPETENCY Z

"Taking Time Off"

1. How would you define Seniority?

"length of continuous service" - the more seniority you have, the longer you have worked

2. What would you do if there were already three people signed up to have the same day off?

- If they have more seniority, you need to change your vacation plans
- Schedule your vacation way in advance.

COMPETENCY Z

"Taking Time Off"

Write a brief memo to your supervisor stating the reason for your leave (sick leave, vacation etc....).

*Answers will vary

COMPETENCY Z

PHYSICAL PLANT

Which type of leave time would apply in the following situations?

Note: Complete this section after scanning the Civil Service Handbook.

1. Your son/daughter comes down with the chicken pox.

____

2. It is Memorial Day and you have the day off.

____

3. This morning you were moving a desk and you dropped it on your foot. The doctor has told you to take a few days off.

____

4. Congratulations! You have won a two week, all expense paid trip to the Bahamas.

____

5. Your doctor tells you that you have the flu and that you are NOT to go to work for three days.

____

BONUS:

6. You are a union officer and you have to attend a union meeting.

____

COMPETENCY Z

"Taking Time Off"

1. How would you define Seniority?

2. What would you do if there were already three people signed up to have the same day off?

COMPETENCY Z

"Taking Time Off"

Write a brief memo to your supervisor stating the reason for your leave (sick leave, vacation etc....).

BROCKPORT

State University of New York
College at Brockport
Brockport, New York 14420

Office of Plant Management

TO: Personnel Office

FROM: Plant Management

This is to verify that ________________________ reported to
Name

work at __________ on _____________.
Time Date

This employee is: Starting employment ( )
Returning from leave ( )
Check One

The signatures below attest to the reporting time and date.

____
Employee Signature

____
Supervisor Signature

PLANT MANAGEMENT DEPARTMENT
S.U.C. at Brockport

Dept.: ____________
Supv.: ____________

VACATION SCHEDULE

NAME	STARTING DATE	RETURNING DATE

SUNY BROCKPORT LEAVE REQUEST FOR PLANT MANAGEMENT

AME ____________________ DATE ____________________

Permission is requested for leave as follows:

___ Vacation Leave	___ Compensatory Time	___ Other (Specify)
___ Personal Leave	___ Holiday Comp. Time	____________________
___ Sick Leave **	___ Employee Organization Leave **	
___ Family Sick Leave **	___ Worker's Comp. Leave with Pay *	

te(s) Requested ____
(For less than a full day specify both date and hours)

Reason ____

rm must be filled out for every absence regardless of duration, and except for illness or ergency cases, should be filed in advance of first effective date.

ployee Signature ____________________ Date ____________________

___ Approved

___ Conditional Approval (Reason) ____________________

___ Disapproved (Reason) ____________________

Supervisor Signature ____________________ Date ____________________

Requires documentation and the approval of
e Personnel Office
** May require documentation

Distribution: White - Plant Management
Yellow - Supervisor
Pink - Employee

SUNY BROCKPORT LEAVE REQUEST FOR PLANT MANAGEMENT

NAME X ____________________ DATE X ____________________

Permission is requested for leave as follows: X

___ Vacation Leave	___ Compensatory Time	___ Other (Specify)
___ Personal Leave	___ Holiday Comp. Time	____________________
___ Sick Leave **	___ Employee Organization Leave **	
___ Family Sick Leave **	___ Worker's Comp. Leave with Pay *	

Date(s) Requested X ____________________
(For less than a full day specify both date and hours)

Reason X for sick or family illness

Form must be filled out for every absence regardless of duration, and except for illness or emergency cases, should be filed in advance of first effective date.

Employee Signature X ____________________ Date X ____________________

___ Approved ↓ by supervisors

___ Conditional Approval (Reason) ____________________

___ Disapproved (Reason) ____________________

Supervisor Signature ____________________ Date ____________________

* Requires documentation and the approval of the Personnel Office
** May require documentation

Distribution:
White - Plant Management
Yellow - Supervisor
Pink - Employee

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Comp 2

UNION BENEFITS

Seniority - 720 working hours of service.

1. **RETIREMENT** - Complete 1 year of service

   - 4% (1993), 5% (1994), 6% (1995) Employer Contribution
   - 2% Employee Contribution

2. **HEALTH INSURANCE** - Available after seniority is acquired
   Three plans available:

   Blue Cross/Blue Shield Blue Million
   - Employer 2/3 of cost
   - Employee 1/3 of cost

   Blue Choice
   - Employer 3/4 of cost
   - Employee 1/4 of cost

   Comprehensive Plus
   - Employer 3/4 of cost
   - Employee 1/4 of cost

3. **VISION CARE** - Blue Cross/Blue Shield 20/20 vision plan

   - Employer pays 2/3 of cost
   - Employee pays 1/3 of cost

4. **DENTAL CARE**

   - Employee is reimbursed for dental care expenses
   - Employee is allotted a fixed sum--refer to union contract
   - Employee must submit bill

5. **SICK LEAVE**

   - Up to 1/2 day for each pay period worked
   - Maximum in contract year (June 1 - May 31) is 11 days
   - Total maximum in sick pool is 50 days
   - If pool falls below pool calculation will resume

6. **DISABILITY** - Zurich Insurance

- First 5 days of illness employee uses sick time for full pay
- Disability and accumulated sick time combined will cover up to 66 2/3 of full if employee is ill beyond five days
- Any illness extending beyond 5 consecutive work days the employer will require a medical release
- If an abuse of sick time is suspected the employer may waive 5 consecutive days and ask for a medical excuse from the employee

7. **PERSONAL LEAVE**

- Following year in which seniority is obtained employees receive 24 hours per contact year *12 month employees receive 40 hours per contract year
- Upon completion of 6 years of service, an employee receives an additional 8 hours of personal time (32 or 48 hours respectively)

8. **HOLIDAY PAY**

- An employee who works his scheduled hours before and after the holiday may be eligible for holiday pay
- If the holiday falls on an employee's scheduled day off the employer may schedule another day off

9. **VACATION** - Following year after acquiring seniority

- 12 month employees are entitled to 4 hours paid vacation for every two weeks worked in a contract year, plus an additional 8 hours for each contract year
- Maximum of 160 hours
- Other employees who work 1,650 hours shall accure vacation time from 1,280 according to calculation above.
- Termination, retirement, or death of the employee will result in receiving unused vacation time

F/T – 9 month

1700 – eligible
1280 [illegible]
420

avg pay period 80hrs.

10. DEATH IN FAMILY

- Employees with seniority can receive up to 3 days (scheduled work days) with pay for a death in his immediate family
- Days used will be deducted from the sick pool
- See contract for definition of immediate family

11. JURY DUTY

- Employee with seniority summoned (not volunteer) will be paid their regular straight time for the first three days
- Thereafter the employer pays the difference
- Limited to 15 days per year
- Employee needs to notify employer within 3 days upon notification of jury duty service

KEY

COMPETENCY AA

PHYSICAL PLANT

Worksheet

1. When copying a job vacancy notice, what three items of information are the most important to make a note of?

Job title, grade and line number

2. Who should be contacted for an application to apply for a job vacancy?

Personnel Office

3. How do you know if you are qualified for a particular job vacancy?

Compare your job skills and experience with the criteria listed on the job vacancy notice

4. What is the most important date to make a note of on a job vacancy notice?

The published deadline

5. Name the form used to apply for a job vacancy within the physical plant organization.

Non-competitive and Labor Class Promotion App.

6. What test must be taken before a person can be considered for a promotion within the physical plant staff? Why are the scores from this test important?

Civil Service Examination. Positions are granted based on examination scores

KEY

7. Can the score you earn on the Civil Service Examination ever change? Explain.

Yes, one point is added to a passing exam score for each five year period of service

8. What book should be obtained before taking the Civil Service Examination to help one prepare for the examination?

Civil Service Testing Guide classified by job title

9. Discuss the process for preparing for the Civil Service Examination.

Obtain the testing guide, study practice exam book, read each chapter, take chapter practice exam, reread subjects for wrong answers given Repeat process until you obtain passing scores on all practice exams

COMPETENCY AA

PHYSICAL PLANT

1. You are a cleaner at SUNY Brockport. As you are walking by the job postings board, you notice that there is an opening for a supervisory position for which you are eligible. Write a brief persuasive essay detailing how your training and experience compares with the job duties and qualifications on the vacancy notice. Use the NY State Department of Civil Service announcement for Interdepartmental Promotion Examinations for No. 32-528 Supervising Janitor G-11.

2. What does the seniority clause, Article 45.1c in the Contract, mean to you?

Example : vacant positions in the
non-competitive class shall be
made on the basis of seniority from
among the employees bidding
pursuant to following procedures for
distributing or posting announcements
for vacancies

3. Will an application filed after the published deadline be considered?

No

TUTOR TIPS

COMPETENCY AA

PHYSICAL PLANT

This competency requires the tutor to have a working knowledge of the Civil Service Promotion Testing procedures and the SUNY Brockport Staff Vacancy notices.

SUNY BROCKPORT STAFF VACANCY NOTICE

1.1-1.6 The tutor is advised to talk the client through the notice making sure that they themselves understand the notice. See worksheets in folder. Review the clause 45.1c in PP AGREEMENT between CSEA and OPERATIONAL SERVICES UNIT (Located in Competency D of PP).

2.1-2.1.4d See the worksheet of Non-Competetive and Labor Class Promotion Application.

Tutor should find out how to obtain the information needed such as grade and line number of desired position. Call the SUNY Brockport personnel office. (Grade is number after job title i.e.-SG-06, and SG-07. and line number is usually before the job title or connotated by # before a series of numbers. See worksheet of NY State Department of Civil Service Examination Announcement for Head Janitor and Supervising Janitor. This could be tied into Competency T.

5. See the NY State Examination Application Open to the Public under forms in the gray cabinet.

Worksheets on sample resumes and Supervisor's test of Guide Book are useful in helping client identify their job qualifications and determine whether they would be qualified for a certain job.

COMPETENCY AA

PHYSICAL PLANT

1. When copying a job vacancy notice, what three items of information are the most important to make a note of?

2. Who should be contacted for an application to apply for a job vacancy?

3. How do you know if you are qualified for a particular job vacancy?

4. What is the most important date to make a note of on a job vacancy notice?

5. Name the form used to apply for a job vacancy within the physical plant organization.

6. What test must be taken before a person can be considered for a promotion within the physical plant staff? Why are the scores from this test important?

7. Can the score you earn on the Civil Service Examination ever change? Explain.

____

____

8. What book should be obtained before taking the Civil Service Examination to help one prepare for the examination?

____

____

9. Discuss the process for preparing for the Civil Service Examination.

____

____

____

COMPETENCY AA

PHYSICAL PLANT

1. You are a cleaner at SUNY Brockport. As you are walking by the job postings board, you notice that there is an opening for a supervisory position for which you are eligible. Write a brief persuasive essay detailing how your training and experience compares with the job duties and qualifications on the vacancy notice. Use the NY State Department of Civil Service announcement for Interdepartmental Promotion Examinations for No. 32-528 Supervising Janitor G-11.

2. What does the seniority clause, Article 45.1c in the Contract, mean to you?

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3. Will an application filed after the published deadline be considered?

____

Personnel Office Staff Vacancy Notice

BROCKPORT

State University
of New York
College
at Brockport

Position Available JANITOR, SG-07 #43064

Appointment Date A. S. A. P.

Responsibilities Performs a variety of cleaning and care tasks in the assigned area, including mopping, washing, dusting, polishing, dumping trash containers, cleaning, and setting up as described in greater detail in the classification standard for Cleaner, Occupational Code #3014000.

In addition to performing the same cleaning and care tasks requiring medium to heavy physical effort described in the classification standard for Cleaner, the incumbent makes repairs and does recurrent routine maintenance work requiring handyman abilities and usually supervises lower level custodial positions such as a Cleaner. Applicants must physically be able to perform the tasks of the position and to communicate verbally for the purpose of exchanging information. Dependent on internal promotions or transfers, it may be days or nights.

Qualifications Candidates must have permanent appointment as State University College at Brockport in the title of Cleaner, SG-5 with good attendance.

NOTE:

Article ~~25~~ 45.1Cof the Operational Services Unit Agreement States:

(C) Appointments and promotions to vacant positions in the non-competitive class shall be made on the basis of seniority subject to the operating needs of the department or agency or component thereof, or subject to an identification of differences between employees with respect to relevant factors concerning the employee's ability to perform the required duties and responsibilities satisfactorily.

Application Date January 20, 1993

Salary $17,268

Apply To Personnel Office, Allen Administration Building,
SUNY College at Brockport, Brockport, New York, 14420

Brockport College is an Equal Opportunity Employer

New York State Department of Civil Service Announces

Interdepartmental Promotion Examinations

Written Tests To Be Held
MAY 9, 1992

Applications MUST Be Postmarked No Later Than
MARCH 30, 1992

For Promotion in State Departments, Facilities and Agencies
1. Within Promotion Units 2. Within Entire Departments 3. To Other Departments

NO. 32-529 HEAD JANITOR G-15
NO. 32-528 SUPERVISING JANITOR G-11

THESE EXAMINATIONS ARE OPEN TO ALL QUALIFIED EMPLOYEES OF NEW YORK STATE

QUALIFYING EXPERIENCE:

FOR TAKING THE TESTS: On or before the date of the written test, you must be a qualified employee of New York State and have had permanent competitive, non-competitive* or 55-b/55-c service as follows:

For No. 32-529: three months as Supervising Janitor;

For No. 32-528: three months as a Janitor, Assembly Hall Custodian, Housekeeper or Supervising Building Services Aide.

If you were permanently appointed to a qualifying title on or before February 27, 1992, and have served continuously in this title since that date, you will be deemed to meet the Qualifying Experience For Taking The Test.

**In accordance with Section 52.11 of the Civil Service Law, individuals serving permanently in a non-competitive class in a qualifying title who otherwise meet the requirements for taking this examination are eligible to compete in this examination.*

FOR APPOINTMENT FROM THE ELIGIBLE LISTS: one year of the Qualifying Experience For Taking The Test

NOTE: If a position you held previously qualified you for this examination and you presently do not occupy that position, please note that in the "remarks" section of the application.

DUTIES: As a **Head Janitor**, you would supervise a large staff of subordinates in the care and cleaning of buildings and grounds. You would schedule and assign subordinates to maintenance activities, distribute equipment and supplies, and keep records of work performed. You would interview and recommend the hiring of employees for their department, supervise the arrangement of premises for special occasions and may be responsible for grounds maintenance. You may also supervise minor maintenance services in the various trades.

As a **Supervising Janitor**, you would supervise the care and cleaning of public buildings and grounds. In larger state buildings, you would supervise a large force of janitors and cleaners on an assigned shift. You would check the operational condition of lights, heating and fire protection equipment, and plumbing fixtures. You would distribute cleaning and maintenance supplies and supervise and/or perform minor maintenance repairs to buildings and equipment. You may also administer a cleaning contract where necessary.

Some of the test centers listed on application forms *will not* be open for this test date. If the center you request is closed, you will be assigned to the open center nearest your mailing address.

You May Obtain Announcements And Promotion Application Cards, XD-5,
From Your Agency Personnel Office.

See Reverse Side

S-5/TA-2 LMS-map

Issued: 2/21/92

NOS. 32-528 & 32-529 SUPERVISING & HEAD JANITOR G-11 & G-15

New York State • An Equal Opportunity/Affirmative Action Employer

SUBJECT OF EXAMINATION: There will be a **written test** which you must pass in order to be considered f appointment. The written test will be designed to test for knowledge, skills and/or abilities in such areas as:

1. **Building Cleaning** - These questions will be designed to test for knowledge of the basic principles and practices building cleaning. They will deal with, but will not necessarily be limited to, such areas as equipment, tools, suppli methods and procedures for cleaning different types of surfaces and materials under various, commonly occurring circumstances.
2. **Building operation and maintenance** - These questions will be designed to test for knowledge of the principle practices and techniques essential to the correct operation and maintenance of public buildings. They will deal with, but not necessarily be limited to, such areas as building maintenance and preventive maintenance and minor repair of plumbing, electrical, ventilating, air conditioning and heating systems.
3. **Ability to read and follow written instructions** - A test of the candidate's ability to read, understand and app written instructions. The candidate is provided with written instructions similar to those encountered on the job and then required to complete the task that is provided to the candidate.
4. **Supervision** - These questions will be designed to test for a knowledge of the principles and practices employed planning, organizing and controlling the activities of a work unit toward predetermined objectives. They wil appropriately test for a first-line supervisory position. The concepts covered, usually in a situational item format, may include but will not necessarily be restricted to, assigning and reviewing work, evaluating performance, maintainin work standards, motivating and developing subordinates, implementing procedural change, increasing efficiency an dealing with problems of absenteeism, morale and discipline.
5. **Administrative Supervision** - Administrative supervision tests for a knowledge of the principles and practice involved in directing the activities of a large subordinate staff, including subordinate supervisors. Questions relate t the personal interactions between an upper-level supervisor and his/her subordinate supervisors in the accomplishme of objectives. Problems dealt with may involve, but not be limited to such areas as: assigning work to and coordinating the activities of several units, establishing and guiding staff development programs, evaluating th supervision of subordinate supervisors and maintaining relationships with other organizational sections.
6. **Preparing written material** - These questions are designed to test how well the candidates can express themselves in writing. Particular emphasis will be placed upon two major aspects of written communication: how to clearly an accurately express given information, and how to present written material in the most logical and comprehensibl manner.

Candidates for No. 32-529 Head Janitor will be tested in all the above areas. Candidates for No. 32-528 Supervising Janito will be tested in areas 1, 2, 3, 4 and 6.

CREDIT FOR SENIORITY: Excluding the first year of service, one point will be added to a passing score on the written test for each five-year period, or fraction thereof.

S-5/TA-2 LMS-map **Issued: 2/21/92**

INFORMATION FOR PROMOTION CANDIDATES

ELIGIBILITY FOR EXAMINATION: To be eligible to compete in this examination, you must be permanently employed in the competitive class, or in th non-competitive class if specifically noted on this announcement, (or be on a preferred list) and must be, or have been, employed for the specified time in th specified title(s) or grade(s) on a permanent, or contingent permanent basis. You may NOT compete in a test for a title if you are permanently employed i that title or in a higher title in the direct promotion line.

If you are appointed from a list, you may be required to furnish the appointing authority with acceptable documentation establishing your identity an eligibility for employment in the United States.

ADMISSION TO EXAMINATION: Notice to appear for the test will be conditional as review of applications may not be made until after the test. If you are a candidate for a written test and you have not received your notice to appear three days before the date of the written test, call (518) 457-5483 if taking the test in Albany; (518) 457-7020 for New York City Test Center; (518) 457-7022 or 457-7021 for all other Test Centers. All statements made on your application are subject to investigation and a medical examination may be required.

TEST ARRANGEMENTS: Saturday Sabbath Observers - Disabled Persons: If special arrangements for testing are required, indicate this on your application form.

APPLICATION FORMS: These forms are available through your Personnel or Business Office. You may also obtain them by mail or in person at the following offices of the New York State Department of Civil Service: The W. Averell Harriman NYS Office Building Campus, Albany, NY 12239; or 6th Floor, Adam Clayton Powell State Office Building, 163 West 125th Street, New York, NY 10027. Specify the examination by its number and title. Mail your completed application form to: NYS Department of Civil Service, The W. Averell Harriman NYS Office Building Campus, Albany, NY 12239.

In accordance with State Law, Governor's Executive Order 6, and Section 504 of the Federal Rehabilitation Act of 1973, as amended, the State of New York does not discriminate against disabled persons. It is the policy of the NYS Department of Civil Service to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status or criminal record.

VETERAN'S CREDITS: Recently, the New York State Civil Service Law concerning the dates of war time service for purposes of obtaining additional credits in civil service examinations was changed. Candidates will be notified of the revised dates and provided an opportunity to claim additional credits before the eligible list is established.

STATE UNIVERSITY OF NEW YORK
COLLEGE AT BROCKPORT

NON-COMPETITIVE AND LABOR CLASS PROMOTION APPLICATION

Name ______________________________ Current Title ______________________

Seniority Dates: Original Appointment ______________________________

Appointment to Current Title ______________________________

I am applying for the following position:

Title: ______________________ Line Number: ______________________

Shift: (If applicable) ______________ Trade: ______________________

I have the training and/or experience shown below which I believe fulfills the qualifications and job requirements specified on the vacancy announcement (describe qualifications fully: show dates for employment experience or schooling):

____

____

____

____

____

____

____

____

____

(Attach additional sheets if necessary)

I authorize the investigation of all statements contained in this application, and certify that the information is correct and complete to the best of my knowledge and ability. I understand that false or misleading information may be grounds for disqualification or for terminating any position obtained as a result of this application.

____
Signature of Applicant

____
Date

SEE REVERSE SIDE FOR INSTRUCTIONS/INFORMATION

Form PA-81
Revised 1985

INSTRUCTIONS/INFORMATION

1. All applications for promotion to Non-competitive and Labor Class positions must be made on this form; no other form will be accepted or considered.

2. Seniority for promotion is the length of service in the Operational Services Bargaining Unit. Seniority applies only to those who meet the posted qualifications/ job requirements for vacant non-competitive class positions in salary grades higher than their permanent grade.

3. Read the vacancy announcement carefully and make sure you properly identify the position you wish to apply for by title, line number (if given), shift (if specified) and trade specialty (if specified). If the vacancy for which you are applying is not properly identified, your application may not be considered.

4. In completing the training and experience section, you must show how your training and experience meets the qualifications and job requirements specified on the vacancy announcement. Applications failing to show the necessary qualifications will not be considered. The requirement to prove qualifications rests with you.

5. Applications must be received in the Personnel Office by the date specified on the vacancy announcement. Late applications will not be considered.

PP-AA

SAMPLE RESUMES

These sample resume formats are available to assist you in developing a rough draft of your resume. It is critical to remember that your resume should be unique. Think carefully in selecting the specific category headings which best describe your education and experience and in determining which information to present so that the most important elements are highlighted. You do not want your resume to appear to be a "carbon copy" of anyone else's resume.

In developing your final copy try to use underlining and/or capitalization to emphasize key accomplishments. If you are having your resume typeset it is more helpful to review other printed resumes to get an idea of the variety of typefaces available to you to provide emphasis.

Finally, do not hesitate to solicit the opinions of a number of people before the final printing of your resume. A critique from several people will help you to assure that your resume is perfect.

JANE WOODHULL

Permanent Address
2033 Pine Street
Rochester, NY 14624
(716) 423-5528

College Address
Box 111
Brockport, NY 14420
(716) 395-8821

PROFESSIONAL OBJECTIVE

Employment with social service agency or counseling organization concerned with the problems of youth and adolescents.

EDUCATION

B.S., Social Work, State University of New York, College at Brockport, to be completed May 1986.

Active participant in Brockport College Chorale, Social Work Club. Employed part-time in Admissions Office as tour guide and office assistant.

HUMAN SERVICES EXPERIENCE

Case Aid Trainee, Rochester Department of Social Services, Fall, 1985. Assisted intake workers in community health center. Initiated interviews and referral to needed services including referral to supporting social agencies. Revised intake procedures and developed a form to make process smoother.

Camp Counselor, Camp Ohewa, Summer 1985 & 1984. Served as counselor for eight inner-city girls ages 7-10 in a residential camp. Taught classes in nature studies and archery.

Recreational Assistant, Fairview Nursing Home, Churchville, NY, May 1983 - December 1983. Helped plan holiday activities for residents, visited and assisted residents with craft projects. Learned about social services available to senior citizens.

BACKGROUND & INTERESTS

Attended Madison High School, participated in high school choral group and served as treasurer of the senior class.

Have traveled extensively throughout the United States and Canada.

Enjoy tennis, bicycling, camping, play guitar and piano.

REFERENCES

Are available upon request

CYNTHIA BARRIOS
63 Dekalb Avenue
White Plains, N.Y. 10605
(914) 761-3370

PROFESSIONAL OBJECTIVE

To gain experience in accounting to complement my academic program.

EDUCATION

State University College at Brockport, Brockport, N.Y.
B.S. expected May 1986.
Major: Business Administration, Speciality: Accounting

ACCOUNTING COURSES

Intermediate Accounting I & II, Auditing, Cost Accounting, Advanced Accounting

EXPERIENCE

Earned approximately 75% of college expenses.

Stouffer's, White Plains, New York
Payroll Supervisor (Summers 1984 & 1985)

- Performed time card audits and verified checks with time input record.
- Prepared estimate of wages and overtime report weekly.
- Posted and balanced income journal and daily managers' report and performed necessary audits of all input data.
- Issued employee banks and maintained petty cash funds.
- Verified ending inventory extensions and footings.
- Posted budget onto current months' pro forma profit and lost statement.

Cashier (Summer 1983)

- Conducted daily transactions.
- Trained new cashiers.
- Picked up and verified deposit envelopes of all outlets from deposit vault.
- Prepared deposit of all receipts from hotel operations on a daily basis.

TeleResources Inc., Armonk, New York
Accounts Payable Clerk (Summer 1982)

- Verified bills with receiving invoices and requested approval for payment.
- Maintained disbursements journal and posted on general ledger.

SKILLS

Foreign Language - Spanish.

INTERESTS

Reading, Swimming, Skiing, Travel.

REFERENCES

Will be furnished upon request.

ROBERTA HUTCHINSON

565 Wainwright Road
Buffalo, NY 17029
(716) 221-2164

P.O. Box 223
Brockport, NY 14420
(716) 395-4411

EMPLOYMENT

Opportunity to use financial management skills with a financial or service organization.

EDUCATION

Bachelor of Science, Business Administration, State University of New York, College at Brockport, 1986.

Have completed coursework in accounting, computer science, financial management, money & banking, and investments.

QUALIFYING ABILITIES

Small Business Management - Organized a small catering service during summer and Christmas vacations. Supervised three workers. Designed and prepared menus for dinner parties of six to thirty persons. Handled all purchasing and financial record keeping.

Organizing and Analyzing Data - Completed marketing research project as part of independent study course with two other group members for Remac Corporation. Collected trade data for best export opportunities. Suggested institutions available for financing exports.

Human Relations - Capable of adjusting very easily to new people and situations. Participated in Brockport International Education program and spent summer living with Finnish family. Tutored children in the Head Start Program in pre-reading skills. Have developed the ability to listen and understand different points of view, objectively analyzing human situations.

Imagination and Resourcefulness - Developed new funding sources for College newspaper. Always watchful for ways to save money and time in personal affairs. Financing a major portion of college expenses through summer work.

PERSONAL

Business manager for College newspaper, active in student government, organized program for junior class spring weekend.

Spend spare time reading, testing recipes, and playing a variety of sports.

REFERENCES

Personal references are available upon request.

THOMAS F. BRADDOCK

Temporary Address
Box 349
Brockport, NY 14420
(716) 395-0834

Permanent Address
620 Michigan Avenue
Penn Yan, NY 13302
(325) 224-8123

OBJECTIVE Planning and outreach position, particularly interested in problems of rural areas.

EDUCATION State University of New York, College at Brockport
Bachelor of Arts, Sociology, to be completed 1986.

Course work includes statistics, computer science, and public administration. Proficiency in Spanish.

RELEVANT EXPERIENCE

Project Reach, Wayland, NY, Fall 1985.
Assisted with drafting of grant proposal resulting in funding for alternative energy projects in Yates County. Project involved surveying alternative energy methods currently in use in the county.

Keuka Housing Council, Penn Yan, NY, Summer 1985.
Developed outreach effort for the Penn Yan Housing Assistance program. Produced radio and newspaper advertisements, provided resource material to other public assistance programs in the county.

Penn Yan Recreation Department, Penn Yan, NY, Summers 1984 & 1983.
Coordinated recreational activities for 50 school age children. Initiated efforts to address transportation problem for children living over five miles from the recreation center.

Brockport School District, Brockport, NY, 1982-1983.
Served as teacher's aide in third grade classroom. Designed reading and math exercise and helped plan Christmas pageant. Learned about nutrition program for children from low income families.

ACTIVITIES Active in College government and community service group. Enjoy water sports, cooking, and playing chess.

REFERENCES Available upon request.

2 WRITE YOUR OWN: A Cover Letter

Prepare a cover letter to send with your résumé. Type the résumé and the letter if possible.

______________________ (1)

______________________ (1)

______________________ (2)

______________________ (3)

______________________ (4)

______________________ (4)

Dear ______________________ (5):

Enclosed is my résumé. I would like to apply for the job of ______________________ (6). I hope to have the opportunity to discuss this position with you at an interview.

Sincerely,

______________________ (7)

1. *Your address*
2. *The date*
3. *Name of the person to whom you are writing (if listed in the ad)*
4. *Name and address of the company*
5. *Choose one:*
   - Sir
   - Madam
   - Personnel Director
   - *Name of person listed in ad*
6. *Name of job*
7. *Your signature*

P- AA

COMPETENCY BB

PHYSICAL PLANT

Answer the following true or false questions about requesting a vehicle from Plant Management.

1. When filling out the Vehicle Request form you must use a pencil. T or [✓ F]

2. Family members may ride in state vehicles. T or [✓ F]

3. An approved vehicle request form must be presented when obtaining a vehicle. [✓ T] or F

4. Keys must be picked up Monday through Friday between 7 am - 3:30 pm at Chapman Service Center. [✓ T] or F

5. It is not necessary to fill in the returning date for the vehicle. T or [✓ F]

6. It is necessary to describe the trip's purpose. [✓ T] or F

7. One should fill out the Vehicle Request form at least three days before needed. [✓ T] or F

8. Possession of a valid New York State driver's license is essential. [✓ T] or F

9. The Vehicle Request Form is not valid unless appropriate signatures are obtained. [✓ T] or F

10. It is OK to return the vehicle a few days after the date stated on the Vehicle Request Form. T or [✓ F]

COMPETENCY BB

PHYSICAL PLANT

Answer the following true or false questions about requesting a vehicle from Plant Management.

1. When filling out the Vehicle Request form you must use a pencil. T or F

2. Family members may ride in state vehicles. T or F

3. An approved vehicle request form must be presented when obtaining a vehicle. T or F

4. Keys must be picked up Monday through Friday between 7 am - 3:30 pm at Chapman Service Center. T or F

5. It is not necessary to fill in the returning date for the vehicle. T or F

6. It is necessary to describe the trip's purpose. T or F

7. One should fill out the Vehicle Request form at least three days before needed. T or F

8. Possession of a valid New York State driver's license is essential. T or F

9. The Vehicle Request Form is not valid unless appropriate signatures are obtained. T or F

10. It is OK to return the vehicle a few days after the date stated on the Vehicle Request Form. T or F

BROCKPORT

State University of New York
College at Brockport
Brockport, New York 14420

Office of Plant Management

Date: ________________

Personal Vehicle Use on State Business

I, ________________________, will be using my personal vehicle to travel between on-campus work locations during the workday. I understand that my vehicle must be insured in accordance to New York State division of Motor Vehicle requirements. My automotive insurance carrier is____.

I will not hold the State University College at Brockport liable for any damages incurred to my vehicle while operating a privately-owned vehicle for official College business, nor will I request any mileage reimbursement for such usage.

Signature:_________________________

INSTRUCTIONS TO THE DEPARTMENTS

NO PHONE RESERVATIONS WILL BE ACCEPTED

1. Please use either a ballpoint pen or typewriter to complete this form.
2. Incomplete forms will be returned to the department unapproved.
3. Unauthorized passengers or family members are not allowed in State vehicles. Students cannot drive State vehicles unless accompanied by a faculty member or advisor.
4. Approved vehicle request forms must be presented when obtaining a vehicle.
5. If a reservation is to be cancelled or changed, Physical Plant must be notified immediately. Vehicles not picked up within 1 hour of scheduled departure time will be available for use at the discretion of Physical Plant personnel. **VEHICLES ARE NOT TO BE PICKED UP PRIOR TO DEPARTURE DATE AND TIME GIVEN ON FORM.** State the exact time and date you wish to leave Physical Plant with the vehicle. Vehicles must be returned on the date and time stated on the Vehicle Request Form.
6. Keys for vehicles are available from the Garage, Chapman Service Center, from **7 A.M. TO 3:30 P.M. ONLY Monday through Friday. Keys for vehicles with departure on weekends must be obtained prior to 3:30 P.M. on Friday.**
7. Upon return from trip, completed vehicle request form, keys, gas charge slips and thruway toll receipts must be returned to Physical Plant. A drop box is located in the garage service door for use after normal business hours.

DO NOT LEAVE ANY PAPERS IN THE VEHICLE. Thank you.

Attachment A

STATE UNIVERSITY COLLEGE AT BROCKPORT
BROCKPORT, NEW YORK 14420

REQUEST FOR AUTHORIZATION TO TRAVEL

NAME: ____
(Last) (First) (MI)

TITLE: ____

DEPARTMENT: ______________________________ PHONE # ______________

DESTINATION: ____

DATES OF TRAVEL: Departure Date __________ Time __________ a.m./p.m.
Return Date __________ Time __________ a.m./p.m.

PURPOSE OF TRIP: ____
____

METHOD OF TRANSPORTATION:

____ Common Carrier ____ State Car
____ Other (specify) ______________________________

REQUEST NEEDED:

____ Transportation ____ Cash Advance ____ Lodging

CHARGE TO:

Function	Amount	Signature

SUPERVISOR'S APPROVAL ______________________________ DATE ______________

Revised July 1992

Original - Accounts Payable
Copy - Departmental File

[illegible]

VEHICLE MILEAGE SHEET

MONTH ____________

DATE	NAME	CAR #	BEGINNING	ENDING	TOTAL

Keys Must Be Picked Up Mon - Fri ONLY 7 AM - 3:30 PM

STATE UNIVERSITY OF NEW YORK AT BROCKPORT

Vehicle Request Form

Check the gas gauge prior to departure

Operator's Name:
Account #:
Phone:
Department:

Vehicle Type Requested: _____Sedan _____Wagon _____Van

DEPARTURE DATE:
DEPARTURE TIME: _____AM _____PM
RETURN DATE:
RETURN TIME: _____AM _____PM

DESTINATION:
PURPOSE OF TRIP:

Passengers: (Alternate drivers must possess a valid driver's license)

I hereby certify that I am a NYS employee and do possess a valid driver's license.

____
(requestor's signature)

Unit Head's Signature ______________________

Please type or print Unit Head's name: ______________________

********************************OFFICIAL USE ONLY********************************

Vehicle #: _____
Date/Approved By: __________
Cost per Mile __________
Vehicle Not Available __________

****

OPERATOR MUST COMPLETE THIS SECTION

DATE	TIME	MILEAGE READING	
_____	_____	Return Mileage	________
_____	_____	Depart Mileage	________
		TOTAL MILES	________

this vehicle involved in an accident?

_____No _____Yes

IF YES, AN ACCIDENT FORM MUST BE COMPLETED WITHIN ONE (1) WORKING DAY OF THE ACCIDENT AT THE PHYSICAL PLANT OFFICE. BLANK FORMS ARE IN THE GLOVE BOX. IT IS THE DRIVER'S RESPONSIBILITY TO REPORT ANY ACCIDENT TO THE DEPARTMENT OF MOTOR VEHICLES IF PERSONAL INJURY, OR DEATH, OR PROPERTY DAMAGE EXCEEDS $600.00. NOTIFY PUBLIC SAFETY (716) 395-2226 OR PHYSICAL PLANT (716) 395-2175 OF ALL ACCIDENTS AS SOON AS POSSIBLE.

Operator's Signature: ______________________

Mechanical Difficulties:

Copy 1 & 2 - Submit To Physical Plant Motor Pool
Copy 3 - For Your Departmental Use

Rev 9/92

COMPETENCY CC

PHYSICAL PLANT

Answer the following questions according to the Key Request Form.

1. The request form must be signed by three different personnel. Who are they?

   1. Building Coordinator
   2. Dean/Chairperson
   3. Plant Management

2. There are three copies of the Key Request Forms. Each is a different color. The yellow copy goes to building coordinator and the pink copy to the Dean/Chairperson. Who gets the white copy? Locksmith

3. The keys must be returned to the Campus Lockshop. [✓ True] or false?

4. There will be a charge for any keys that are lost. [✓ True] or false?

5. If you do lose keys, you must immediately inform the Locksmith so a new set can be made. True or [✓ false]?
   must be reported to Public Safety

6. You must sign your name before receiving the key(s). True or [✓ false]? Signature is required upon receipt of the keys.

7. When keys that are signed out in your name are given to someone else you must inform Public Safety. True or [✓ false]? Submit a key transfer form

8. What is the difference between "transferred to" and "transferred from"? transferred to - signature of the person who is receiving the keys. transferred from - signature of the person who the keys were originally assigned to.

9. Keys are identified by their color and shape. True or [✓ false]? Keys are identified by the number that is engraved on them.

10. The requested keys are usually needed by someone when he/she has been promoted. [✓ True] or false?
    a key is needed when there is a newly assigned area.

COMPETENCY CC

PHYSICAL PLANT

Answer the following questions according to the Key Request Form.

1. The request form must be signed by three different personnel. Who are they?

   1. ______________________________
   2. ______________________________
   3. ______________________________

2. There are three copies of the Key Request Forms. Each is a different color. The yellow copy goes to building coordinator and the pink copy to the Dean/Chairperson. Who gets the white copy? ____________________________

3. The keys must be returned to the Campus Lockshop. True or false?

4. There will be a charge for any keys that are lost. True or false?

5. If you do lose keys, you must immediately inform the locksmith so a new set can be made. True or false?

6. You must sign your name before receiving the key(s). True or false?

7. When keys that are signed out in your name are given to someone else you must inform Public Safety. True or false?

8. What is the difference between "transferred to" and "transferred from"? ____

   ____

   ____

   ____

   ____

9. Keys are identified by their color and shape. True or false?

10. The requested keys are usually needed by someone when he/she has been promoted. True or false?

SUNY BROCKPORT KEY REQUEST

NAME________________________________ DEPARTMENT________________________

BUILDING____________________________ PHONE_____________________________

BUILDING	ROOM	KEY #	SIGNATURE UPON RECEIPT OF KEYS

REASON FOR REQUEST: ____

____

This request MUST be signed by the following:

Building Coordinator ____________________ Approved ______ Disapproved ______

Dean/Chairperson ____________________ Approved ______ Disapproved ______

Plant Management ____________________ Approved ______ Disapproved ______

White Copy: Locksmith Yellow Copy: Building Coordinator Pink Copy: Dean/Chairperson

NOTE: IF A KEY IS NO LONGER NEEDED, IT MUST BE RETURNED TO THE CAMPUS LOCKSHOP. A CHARGE WILL BE MADE FOR LOST KEYS. LOST KEYS MUST BE REPORTED TO PUBLIC SAFETY BEFORE THEY CAN BE REPLACED.

KEY TRANSFER FORM

KEY IDENTIFICATION	TRANSFERRED FROM	TRANSFERRED TO

Key

COMPETENCY AD - A

PHYSICAL PLANT

Worksheet

1. Write the symbol for inches. "
   Write the symbol for feet. '

2. Convert to inches.
   A. 5'4"=64" B. 7'2"=86" C. 8'11"=107" D. 22'7"=264"
   E. 9'2"=110" F. 6'1"=73" G. 10'=120" H. 12'2"=146"

3. Convert to feet.
   A. 96"=8ft. B. 45"=3'9" C. 112"=9'4" D. 178"=14'6"
   E. 60"=5' F. 78"=6'6" G. 100"=8'4" H. 88"=7'4"

4. Metric System Conversion: Fill in the blanks

	decameters	meters	decimeters	centimeters	millimeter
A.	12	1.2	.12	.012	.0012
B.	60	6	.6	.06	.006
C.	23	2.3	.23	.023	.0023
D.	2,340	234	23.4	2.34	.234
E.	10	1	.1	.01	.001

5. How long is a meter in relation to a yard?

   Approximately 3 inches longer

6. How far in advance must a bulk supply request be filled out?

   3 days in advanse

7. Write the formula for area.

   Area = Length x Width A = LxW

8. If the length of a room is 15' and the width is 12', find the area. Show all work.

   A=LxW
   A=15X12
   A=180

   15
   x12
   30
   15
   180

9. What is the most important number on a Bulk Supply Request form?

   Purchase Requisition Number

10. Write the formula to find the total purchase price for a bulk purchase.

Total Purchase Price = Price per unit x Quantity [redacted]PLY[redacted]QU[redacted] FO[redacted] [redacted]

SUGGESTED VENDOR: CHARK'S GLASS & MIRROR

BERGEN, N.Y

PHONE: 494-1654

DATE: 12/9/92

*USE:
A = ACADEMIC
D = DORMITORY
F = FLEET VEHICLE
M = MAINTENANCE VEHICLE
S = STOCK
G = GROUNDS

CIRCLE ONE: PICK-UP [✓ DELIVERY]

DEPARTMENT: DORM ZONE SUPERVISOR: LAIR USED WHERE? MARCHN

SUPERVISOR'S APPROVAL:

ALL WALK-THRU PURCHASES MUST HAVE A JUSTIFICATION ATTACHED

ITEM #	DESCRIPTION	W.O.#	USE*	%	QTY	UNIT	PRICE	TOTAL
1.	SAFETY GLASS 33 3/4 x 67 3/4"	5952	D	100	1	ea	122.00	122.00
	CAN'T DO UNTIL AFTER							
	1/9/93							
								122.00

.D. # GROUP # CONTRACT # TERMS

ER TELEPHONE QUOTE BY ROBIN ON . ACCOUNT # $

LANKET ORDER # PETTY CASH # ACCOUNT # $

alled in to: Date: Pick-Up Delivery Date [redacted] SUPPLY REQUEST FORM NO: [redacted]

SUGGESTED VENDOR: ______________________ DATE: ____________

____

____

PHONE: ______________________

*USE:
A = ACADEMIC
D = DORMITORY
F = FLEET VEHICLE
M = MAINTENANCE VEHICLE
S = STOCK
G = GROUNDS

CIRCLE ONE: PICK-UP DELIVERY

DEPARTMENT: ______________ SUPERVISOR: ______________ USED WHERE? ______________

SUPERVISOR'S APPROVAL: ______________________

ALL WALK-THRU PURCHASES MUST HAVE A JUSTIFICATION ATTACHED

ITEM #	DESCRIPTION	W.O.#	USE*	%	QTY	UNIT	PRICE	TOTAL

I.D. # ______________ GROUP # ______________ CONTRACT # ______________ TERMS ______________

PER TELEPHONE QUOTE BY ______________ ON ______________ . %SPLIT ______ ACCOUNT # ______________ $ ______

BLANKET ORDER # ______________ PETTY CASH # ______________ . %SPLIT ______ ACCOUNT # ______________ $ ______

Called in to: 361 Date: ______________ Pick-Up Delivery Date 362

Gave to for pick-up: ______________ Date: ______________

PURCHASE REQUISITION

STATE UNIVERSITY OF N.Y.
COLLEGE AT BROCKPORT REQ. # 923620

Following to be completed by department

Date 02-01-93 NYS Group # 31806

Contract # P003492

Department Physical Plant

Function # 870915

Check One: (X) Supplies & Expense
( ) Equipment ( ) Temp. Service

Ordering Individual Swift

Bldg./Room 3536
(to be delivered to)

Name/Phone # of individual to contact with questions:
D. Lamphron 5205

VENDOR: Utica Glass, Div. of Northern Glass Systems, Inc.
725 Varick Street
P.O. Box 528
Utica, NY 13503

Tel. # (315) 723-5131 Fax. #

AUTHORIZED SIGNATURE:

PURCHASING USE ONLY: P.O. #

P.O. Date

Buyer

Payee I.D. # 161179353

Check Here if MBE/WBE Solicited: ___ MBE ___ WBE

P.O. Vendor: ___ MBE ___ WBE ___ S ___ H ___ N/A

Discount: 1 % 30 Days

Batch Type: 009

CHARGE TO:

Funct.# 870915 Obj. # Amt. 637.88

Ship To:

Shipping Terms:

NOTE TO DEPARTMENTS: Please complete all information in upper left-hand column. Keep third copy of this form for your records. ORIGINAL MUST BE SUBMITTED TO PURCHASING OFFICE. ALL INQUIRIES MUST REFERENCE REQUISITION #. Form should be typed. Give catalog #, name of article, description, and any further information to clearly identify. Include copy of catalog page if available. Items requiring installation must be fully described, including who will install.

ITEM #	DESCRIPTION	QUANTITY		UNIT PRICE	TOTAL AMOUNT
		NO.	UNIT		
1.)	Clear sheet window glass, type II, class I,	15	Boxes	34.00	510.00
	transparency, quality Q6-8 or clear float, class I,				
	Quality Q3 28" x 38", double strength 1/8"				
	66 united inches = 7.39 Sq. Ft.				
	100 pc. = 739 Sq. Ft. (750 sq. ft)				
	50 Sq Ft. per box X 15 Boxes = 750 Sq. Ft.				
	[One fraction cut] 18.50 per box	15	Boxes	18.50	277.50
	Discount = 787.50 X .81 multiplier = 637.88				
	TOTAL DISC. PRICE				637.88
	Above item is Item # 1				
	Monroe County: Zone 6				
	Delivery: 30 days A/R/O				

(see diagram on lined paper)

BULK SUPPLY REQUEST

EMPLOYEE: Charles Reid

WORK ORDER NUMBER:

DATE REQUIRED: 6-10

SUPERVISOR APPROVAL: M. S

ONE WORKING DAY NOTIFICTION IS REQUIRED FOR WITHDRAWAL OF MATERIAL LOCATED IN FINE ARTS. PLEASE SEE MARILYN OR FRANK TO ARRANGE PICK-UP.

STOCK # (OFFICE USE ONLY	DESCRIPTION	QUANTITY
	1½" × 3" × 10' metal studs	14 pcs
	1½" × 3 × 10' metal shoe	4 pcs
	4' × 8' × ⅝" drywall	10 sheets
	⅝" vinyl J-channel	6 pcs.
	Swiss blue S G paint	5 gal.
	white flat paint	1 gal.
	1 lb no. 6 × 1⅝" drywall screws	1 lb.
	drywall joint compound	5 gal.
	⅝" × 4' × 8' plywood	2 sheets

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BULK SUPPLY REQUEST

EMPLOYEE: ______________________ WORK ORDER NUMBER: ____________

DATE REQUIRED: ______________________ SUPERVISOR APPROVAL: ____________

ONE WORKING DAY NOTIFICTION IS REQUIRED FOR WITHDRAWAL OF MATERIAL LOCATED IN FINE ARTS. PLEASE SEE MARILYN OR FRANK TO ARRANGE PICK-UP.

STOCK # (OFFICE USE ONLY	DESCRIPTION	QUANTITY

COMPETENCY AD - A

PHYSICAL PLANT

Worksheet

1. Write the symbol for inches. ________
   Write the symbol for feet. ________

2. Convert to inches.
   A. 5'4"=____ B. 7'2"=____ C. 8'11"=____ D. 22'7"=____

   E. 9'2"=____ F. 6'1"=____ G. 10'=____ H. 12'2"=____

3. Convert to feet.
   A. 96"=____ B. 45"=____ C. 112"=____ D. 178"=____

   E. 60"=____ F. 78"=____ G. 100"=____ H. 88"=____

4. Metric System Conversion: Fill in the blanks

	decameters	meters	decimeters	centimeters	millimeter
A.	12				
B.		6			
C.			.23		
D.				2.34	
E.					.001

5. How long is a meter in relation to a yard?

   ____

6. How far in advance must a bulk supply request be filled out?

   ____

7. Write the formula for area.

   ____

8. If the length of a room is 15' and the width is 12', find the area. Show all work.

9. What is the most important number on a Bulk Supply Request form?

   ____

10. Write the formula to find the total purchase price for a bulk purchase.

____

COMPETENCY AD-B

PHYSICAL PLANT

ACADEMIC DORM AND MAINTENANCE

Worksheet

1. What is the location of event number 3?

Room 220/21

2. Who is the sponsoring department for event number 5?

School Arts and Performance

3. Who is the person responsible in event 4?

Brian Klocke

4. What campus extension can you call to reach the person responsible in event 2?

#5461

5. What are the special instructions given on the operations report for Seymour College Union listed on July 2, 1993.

Need at least 12 picnic table, would prefer 18 - spread at north end of park near canal. Food prepared by Harrison staff. Rec equip. Arranged with Rec/Im

4 trash barrels

6. What additional equipment is needed for event 6?

6 6' tables

(LISTED ON JUL 2 93)

SEYMOUR COLLEGE UNION
S.U.N.Y. - COLLEGE AT BROCKPORT

OPERATIONS REPORT - SORTED BY 'READY-BY' TIME FOR TUESDAY JUL 6 93

BUILDING HOURS: 7:00 AM - 4:00 PM

	T N T	LOCATION	RSVTN STARTS	EVENT STARTS- ENDS	RSVTN ENDS	EVENT	SPONSOR	PERSON RESPONSIBLE	PHONE #	ATT-END-ANCE	SETUP READY BY	SETUP	ADDITIONAL EQUIPMENT	A V T	FOOD	A L C	D T L	ID#	RES RVD BY
1		TWR RM 120	8:00 A	8:00 A-11:00 P	11:00 P	REHEARSAL	SCHOOL ARTS & PERFOR	COLIN STEWART			8:00 A	STANDARD						0793-0049	BY
2		RM 222	11:00 A	11:00 A-12:00 N	12:00 N	MEETING	ADMISSIONS	JAMES R. COOK	5661	10	11:00 A	STANDARD						0793-0075	BR
3		RM 220/21	1:00 P	1:15 P- 3:30 P	3:30 P	WORKSHOP	ED. OPPORTUNITY PROG	WILMA BEAMAN	5436	40	1:15 P	STANDARD						0793-0125	BR
4		RM 228	3:00 P	3:00 P- 4:00 P	4:00 P	MEETING	STUDENT ACTIVITIES O	BRIAN KLOCKE	2614	10	3:00 P	STANDARD						0793-0172	BR
5		TWR RM 1104	4:00 P	4:00 P-11:00 P	11:00 P	MEETING	SCHOOL ARTS & PERFOR	SUSAN BIXLER	2350		4:00 P	STANDARD						0793-0141	BY
6		COMMISRY PK	4:00 P	5:00 P- 7:00 P	8:00 P	SPECIAL EVT	STUDENT AFFAIRS	TERRY HOVER	2725	100	5:00 P	STANDARD	6 6' TABLE					0793-0130	BR

NEED AT LEAST 12 PICNIC TABLES, WOULD PERFER 18- SPREAD AROUND AT
NORTH END OF PARK NEAR CANAL. FOOD PREPARED BY HARRISON STAFF.
REC EQUIP. ARRANGED WITH REC/IM
4 TRASH BARRELLS

COMPETENCY AD-B

PHYSICAL PLANT

ACADEMIC DORM AND MAINTENANCE

Worksheet

1. What is the location of event number 3?

2. Who is the sponsoring department for event number 5?

3. Who is the person responsible in event 4?

4. What campus extension can you call to reach the person responsible in event 2?

5. What are the special instructions given on the operations report for Seymour College Union listed on July 2, 1993.

6. What additional equipment is needed for event 6?

(LISTED ON JUL 2 93)

SEYMOUR COLLEGE UNION
S.U.N.Y. - COLLEGE AT BROCKPORT

OPERATIONS REPORT - SORTED BY 'READY-BY' TIME FOR TUESDAY JUL 6 93 PAGE 1

BUILDING HOURS: 7:00 AM - 4:00 PM

	T N T	LOCATION	RSVTN STARTS	EVENT- STARTS-	EVENT- ENDS	RSVTN ENDS	EVENT	SPONSOR	PERSON RESPONSIBLE	PHONE #	ATT- END- ANCE	SETUP READY BY	SETUP	ADDITIONAL EQUIPMENT	A V T	FOOD	A L C	D T L	ID#	RES RVD BY
1		TWR RM 120	8:00 A	8:00 A-	11:00 P	11:00 P	REHEARSAL	SCHOOL ARTS & PERFOR	COLIN STEWART			8:00 A	STANDARD						0793-0049	br
2		RM 222	11:00 A	11:00 A-	12:00 N	12:00 N	MEETING	ADMISSIONS	JAMES R. COOK	5461	10	11:00 A	STANDARD						0793-0075	BR
3		RM 220/21	1:00 P	1:15 P-	3:30 P	3:30 P	WORKSHOP	ED. OPPORTUNITY PROG	WILMA BEAMAN	5436	40	1:15 P	STANDARD						0793-0125	BR
4		RM 228	3:00 P	3:00 P-	4:00 P	4:00 P	MEETING	STUDENT ACTIVITIES O	BRIAN KLOCKE	2614	20	3:00 P	STANDARD						0793-0172	BR
5		TWR RM 1104	4:00 P	4:00 P-	11:00 P	11:00 P	MEETING	SCHOOL ARTS & PERFOR	SUSAN BIXLER	2350		4:00 P	STANDARD						0793-0141	br
6		COMMISRY PK	4:00 P	5:00 P-	7:00 P	8:00 P	SPECIAL EVT	STUDENT AFFAIRS	TERRY HOVER	2725	180	5:00 P	STANDARD	6 6' TABLE					0793-0130	BR

NEED AT LEAST 12 PICNIC TABLES. WOULD PREFER 18. SPREAD AROUND AT
NORTH END OF PARK NEAR CANAL. FOOD PREPARED BY HARRISON STAFF
REC EQUIP. ARRANGED WITH REC/IM
4 TRASH BARRELLS

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KEY

COMPETENCY AD-C

PHYSICAL PLANT

ACADEMIC DORM AND MAINTENANCE

1. How do you know which task should be started first?

The jobs are prioritized on the "Work to be Done" column in order of importance

2. Why is it important to give an accurate time estimation for completing a particular task?

So the appropriate amount of man hours can be delegated to the task now and in the future if the same task arises.

3. Why is it important to record the start date as well as the completed date?

So the appropriate amount of man hours and funds are budgeted as not to overspend. It also helps a supervisor realize if his employees are working up to par or if the supervisor's expectations are too high.

Competency AD-C

Physical Plant

Tutor Tips

For this competency, tutor should have client fill out a Dormitory Project Sheet based on the scenario worksheet information.

This competency is also a good opportunity to help the client work on their cursive writing (see workbook on shelves) as well as Skimming and Scanning (see workbook on shelves).

Tutor should determine if client would be helped by working on reading analog or digital watches.

This competency also enables the client to work on Fractions (see Math worksheets and Math books on shelves).

JPP

COMPETENCY AD-C

PHYSICAL PLANT

Directions: Complete the Dormitory Project Sheet with the following information.

Your supervisor assigns you to the task of replacing the stair treads in McClean Hall. The treads you will need for this job are in stock. A few weeks ago, you helped a co-worker, Johnson, with this same job in Harmon-Gordon Halls and the time it took was 15 hours. However, the stairs in Harmon-Gordon are 6 stairs higher than the ones in McClean. Your supervisor would like you to begin this task tomorrow morning, June 8th.

COMPETENCY AD-C

PHYSICAL PLANT

ACADEMIC DORM AND MAINTENANCE

1. How do you know which task should be started first?

2. Why is it important to give an accurate time estimation for completing a particular task?

3. Why is it important to record the start date as well as the completed date?

DORMITORY PROJECT SHEET

PROJECT # WO# WORK TO BE DONE	BUILDING	EST. TIME	PARTS MATERIALS	START TIME	TRADESMAN	HELP NEEDED	COMPLETED
1.							
2.							
3							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

TUTOR TIPS

COMPETENCY AD-C

PHYSICAL PLANT

For this competency, the tutor should have the participant fill out a Dormitory Project Sheet based on the scenario worksheet information.

This competency is also a good opportunity to help the participant work on their cursive writing (see workbook on shelves) as well as Skimming and Scanning (see workbook on shelves).

The tutor should determine if the participant would be helped by working on reading analog or digital watches.

This competency also enables the participant to work on Fractions (see Math worksheets and Math books on shelves).

Key

COMPETENCY AD-D

PHYSICAL PLANT

ACADEMIC DORM AND MAINTENANCE

Worksheet

Explain the difference between the Dormitory Project Report and the Dormitory Vandalism Report.

An entry on the dormitory vandalism project report is a job that needs to be done as a result of vandalism. An entry on the dormitory project report is a job that needs to be done either because of normal wear and tear or something new must be constructed

COMPETENCY AD-D

PHYSICAL PLANT

VANDALISM WORKSHEET

You heard that two days ago Public Safety received a call at approximately 3:00 a.m. from the Resident Assistant of McFarlane Hall stating that a whining, crashing, breaking noise was heard over at the Faculty Office Building. Upon inspection, they discovered that not only had someone broken into McFarlane by drilling and forcing the door lock, but that they did the same thing to the door of the basement at McFarlane. The culprits were no longer on the premises.

Your supervisor has assigned you to the task of fixing the dorm door. Academic maintenance took a full day, almost, to repair the damage to the door at the FOB.

COMPETENCY AD-D

PHYSICAL PLANT

ACADEMIC DORM AND MAINTENANCE

Worksheet

Explain the difference between the Dormitory Project Report and the Dormitory Vandalism Report.

DORMITORY VANDALISM SHEET

WO# WORK TO BE DONE	BUILDING	ROOM #	PARTS MATERIALS	DATE	TRADESMAN	MHR	COMPLETED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

WORKSHEET COMPETENCY CS-A

PHYSICAL PLANT

Directions: Find the following words listed below in the word search. Then choose 6 out of the 10 words and write a complete sentence.

WORD SEARCH

```
M L K A U L M E N R B I I F E R
N J D B V R U T V S T A Q L P F
R I A D T A N A L Q N N I A B G
S G I L H P T R F H V T V M T D
A F R Q G P H T F K A I N M S E
T D V T C T N E O S H D M A L F
E B W V B A G N R Y L O S B N O
F O Y D T B O E M N F T P I F A
L L Z I P R V P I T O E N L B M
R T R L T A O G C H K O M I D E
P R B U N D M F A E L K U T L R
I Q A T M E Y Y M T G D V Y D D
P N L E L U Y N L I P R S D Q H
R M N T P Q L M N C B D E F G P
P O T R I N T E R N A L L Y O P
```

Irritant	Synthetic
Abrade	Versatile
Penetrate	Flammability
Formica	Defoamer
Antidote	Internally

Key

COMPETENCY CS-A

PHYSICAL PLANT

Directions: Match each word to their proper definitions below.

1. terrazzo l
2. synthetic f
3. abrasion b
4. formica k
5. concentrate a
6. burnishing c
7 PPE j
8. resuscitate e
9. emulsify h
10. inert d
11. abrade g
12. encrustations i

a. To make a solution or mixture less dilute

b. A scraped or worn area

c. To make smooth or glossy by rubbing

d. Unable to move or act

e. To restore consciousness, vigor, or life to

f. Not natural or genuine

g. To wear down or rub away by friction

h. To make into a suspension of small globules of one liquid in a second liquid with which the first will not mix

i. A material hardened on a surface

j. Personal Protective Equipment

k. A trademark used for a variety of high pressure laminated plastic

l. A flooring material of marble or stone chips set in mortar and polished when dry

WORKSHEET COMPETENCY CS-A

PHYSICAL PLANT

Directions: Find the following words listed below in the word search. Then choose 6 out of the 10 words and write a complete sentence.

WORD SEARCH

M	L	K	A	U	L	M	E	N	R	B	I	I	F	E	R
N	J	D	B	V	R	U	T	V	S	T	A	Q	L	P	F
R	I	A	D	T	A	N	A	L	Q	N	N	I	A	B	G
S	G	I	L	H	P	T	R	F	H	V	T	V	M	T	D
A	F	R	Q	G	P	H	T	F	K	A	I	N	M	S	E
T	D	V	T	C	T	N	E	O	S	H	D	M	A	L	F
E	B	W	V	B	A	G	N	R	Y	L	O	S	B	N	O
F	O	Y	D	T	B	O	E	M	N	F	T	P	I	F	A
L	L	Z	I	P	R	V	P	I	T	O	E	N	L	B	M
R	T	R	L	T	A	O	G	C	H	K	O	M	I	D	E
P	R	B	U	N	D	M	F	A	E	L	K	U	T	L	R
I	Q	A	T	M	E	Y	Y	M	T	G	D	V	Y	D	D
P	N	L	E	L	U	Y	N	L	I	P	R	S	D	Q	H
R	M	N	T	P	Q	L	M	N	C	B	D	E	F	G	P
P	O	T	R	I	N	T	E	R	N	A	L	L	Y	O	P

Irritant
Abrade
Penetrate
Formica
Antidote

Synthetic
Versatile
Flammability
Defoamer
Internally

COMPETENCY CS-A

PHYSICAL PLANT

Directions: Match each word to their proper definitions below.

1. terrazzo ______
2. synthetic ______
3. abrasion ______
4. formica ______
5. concentrate ______
6. burnishing ______
7 PPE ______
8. resuscitate ______
9. emulsify ______
10. inert ______
11. abrade ______
12. encrustations ______

a. To make a solution or mixture less dilute

b. A scraped or worn area

c. To make smooth or glossy by rubbing

d. Unable to move or act

e. To restore consciousness, vigor, or life to

f. Not natural or genuine

g. To wear down or rub away by friction

h. To make into a suspension of small globules of one liquid in a second liquid with which the first will not mix

i. A material hardened on a surface

j. Personal Protective Equipment

k. A trademark used for a variety of high pressure laminated plastic

l. A flooring material of marble or stone chips set in mortar and polished when dry

Key

COMPETENCY CS-B

PHYSICAL PLANT

1. Within how many hours after the start of your shift must you call-in if you are going to be absent?

2 hours notice

2. If you are working the evening shift, what phone number should you call if you are going to be absent?

395-5211

3. If you are working the night shift, what number should you call if it is greater than two hours after the start of your shift?

395-2412

4. Failure to call-in within two hours after your shift starts could result in you being charged with unauthorized time. Define unauthorized time.

improper use of sick time of more than 3 consecutive days, but less than 8. See time & attendance Schedule for fines.

5. Is a physical plant employee required to call-in on the first of a series of days he or she will be absent or are they required to call-in each day they will be absent?

employees are required to call-in each day he/she will be absent.

6. When is a doctor's excuse necessary due to absenteeism?

A doctor's excuse will be required for 5 absences or more consecutively.

COMPETENCY CS-B

PHYSICAL PLANT

1. Within how many hours after the start of your shift must you call-in if you are going to be absent?

____

2. If you are working the evening shift, what phone number should you call if you are going to be absent?

____

3. If you are working the night shift, what number should you call if it is greater than two hours after the start of your shift?

____

4. Failure to call-in within two hours after your shift starts could result in you being charged with unauthorized time. Define unauthorized time.

____

____

5. Is a physical plant employee required to call-in on the first of a series of days he or she will be absent or are they required to call-in each day they will be absent?

____

____

6. When is a doctor's excuse necessary due to absenteeism?

____

____

ROCKPORT

tate University of New York
ollege at Brockport
ro[illegible]port, New York 14420
Offic[illegible]l Plant Management

BROCKPORT STATE COLLEGE

Housekeeping Department

"I understand that in case of absence from my job, I am required to call-in no later than two (2) hours after the start of my shift and I must call-in each day, evening, or night of my absence unless other arrangements have been made with the Head Janitor."

1)	Day Shift	Monday thru Friday	395-5211
2)	Evening Shift	Sunday thru Thursday	395-5211
3)	Night Shift	10:30 p.m. to 7:00 a.m. (395-2412 only to be used if after two hours after shift starts; this is the boiler room)	395-5211

Failure to call in could be considered unauthorized time.

Date ____

Signature ____________________________________

Key

COMPETENCY CS-C

PHYSICAL PLANT

1. What is the most common cause of back injury?

lifting

2. What two parts of your body do you use to do the work when twisting?

arms and legs

3. When leaning forward while bending do you move your whole body or just your arms?

your whole body

4. List three tips for when you use repetitive motions.

Keep loads small, turn whole body instead of twisting, get close to the load; do not reach and lift, lift with your arms and legs, not your back, tighten your stomach muscles to lift, change positions frequently.

5. Whenever possible, would you push rather than pull when moving large objects?

push; you can push twice as much as you can pull without strain.

6. When reaching for supplies, how can you test the weight of the load before lifting up?

by pushing up on one corner

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KEY

COMPETENCY CS-C

PHYSICAL PLANT

~~WORKSHEET~~

1.) What is the purpose of the "Right to Know" law?

To be more aware of the potential dangers involved in working with certain chemicals and the proper precautions to take when using certain chemicals.

2.) Answer the following True (T) or False (F):

F a. The employee must provide personal protection equipment (PPE).

F b. Containers of a hazardous chemical can be unlabeled.

T c. Records must be kept on all hazardous chemicals used in the workplace.

T d. An employee can ask for a Material Safety Data Sheet (MSDS) or chemical fact sheet.

3.) If you as an employee write to request for information on chemical substances with which you work, within how many hours must you be provided a response?

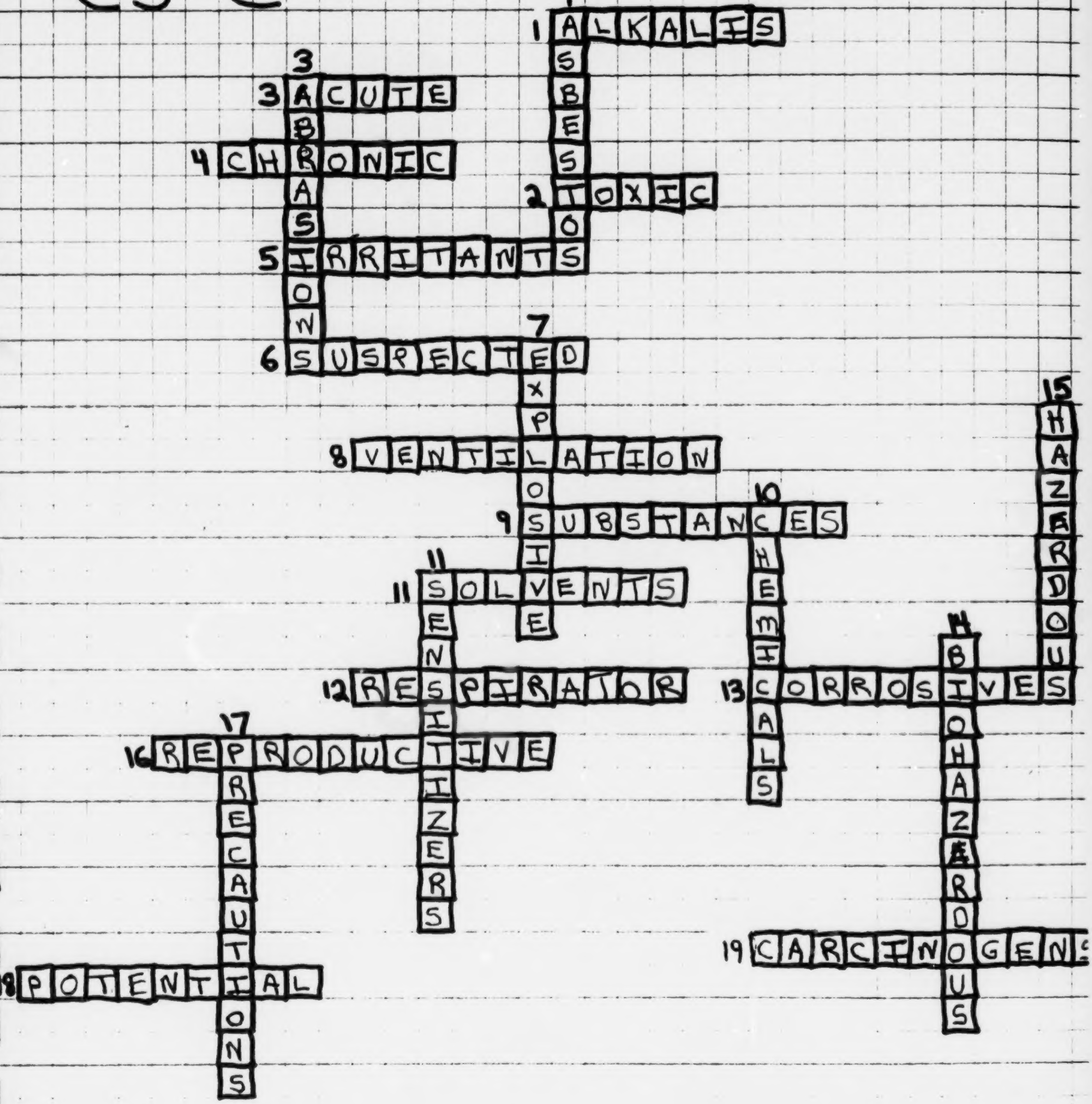
72 hours

4.) What is a hazardous or toxic chemical?

Any chemical substance which can cause acute or chronic injury to the human body, or which is suspected of being able to cause disease or injury, under some conditions.

CK

COMPETENCY KEY
CS-C


1 ALKALIS
1 ASBESTOS
3 ACUTE
3 ABRASION
4 CHRONIC
2 TOXIC
5 IRRITANTS
6 SUSPECTED
7 EXPLOSIVE
15 HAZARDOUS
8 VENTILATION
9 SUBSTANCES
10 CHEMICALS
11 SOLVENTS
11 SENSITIZERS
14 BIOHAZARDOUS
12 RESPIRATOR
13 CORROSIVES
16 REPRODUCTIVE
17 PRECAUTIONS
19 CARCINOGEN
18 POTENTIAL

COMPETENCY CS-C

PHYSICAL PLANT

1. What is the most common cause of back injury?

____

2. What two parts of your body do you use to do the work when twisting?

____

3. When leaning forward while bending do you move your whole body or just your arms?

____

4. List three tips for when you use repetitive motions.

____

____

____

____

____

____

5. Whenever possible, would you push rather than pull when moving large objects?

____

____

6. When reaching for supplies, how can you test the weight of the load before lifting up?

____

____

COMPETENCY CS-C

PHYSICAL PLANT

1. What is the purpose of the "Right to Know" law?

____

____

____

____

____

2. Answer the following True (T) or False (F):

_____ a. The employee must provide personal protection equipment (PPE).

_____ b. Containers of a hazardous chemical can be unlabeled.

_____ c. Records must be kept on all hazardous chemicals used in the workplace.

_____ d. An employee can ask for a Material Safety Data Sheet (MSDS) or chemical fact sheet.

3. If you as an employee write a request for information on chemical substances with which you work, within how many hours must you be provided a response?

____

4. What is a hazardous or toxic chemical?

____

____

____

____

COMPETENCY CS-C

PHYSICAL PLANT

Complete the crossword puzzle with the following phrases.

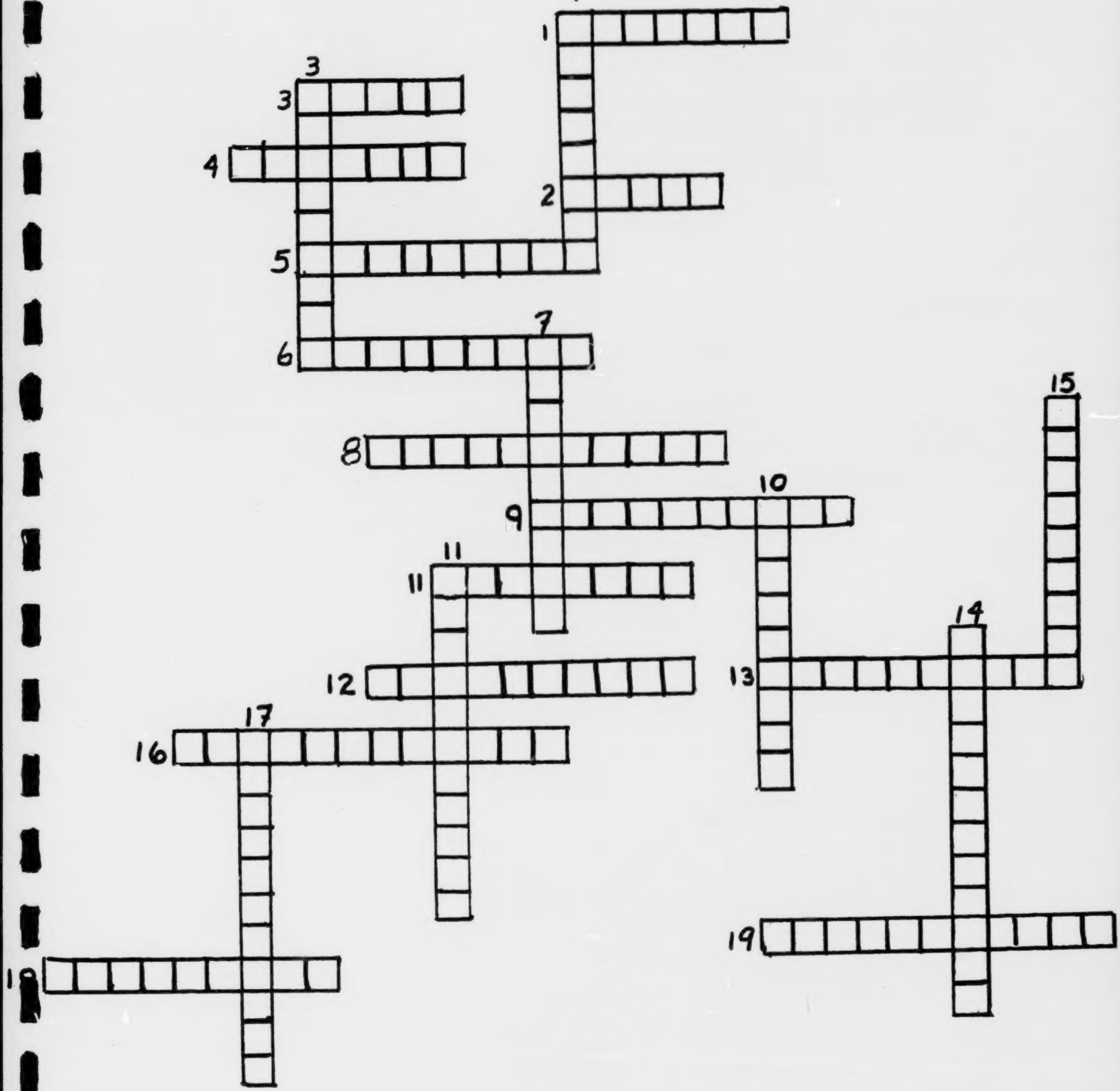
Across
1. Mineral salts
2. Poisonous substance
3. Sharp point
4. Constant
5. Bothersome substances
6. Imagined to be true
8. Admission of fresh air
9. Materials of mass
11. Substances capable of dissolving
12. Breathing device
13. Destructive substances
16. Creating offspring
18. Capability
19. Cancer-causing substances

Down
1. Incombustible, chemical-resistant, fibrous mineral
3. Wearing down with friction
7. Substance that will burst
10. Substances with a distinct molecular composition
11. Agents which cause sensitivity
14. A danger to human beings
15. Dangerous
17. Protect against danger in advance

Word List

biohazardous
respirator
suspected
asbestos
precautions
sensitizers
reproductive
potential
toxic
carcinogens
hazardous

abrasions
chronic
alkalis
solvents
substances
explosive
acute
ventilation
corrosives
chemicals
irritants



Overview

Your "Right to Know" Law

The purpose of this program is to make you more aware of the potential dangers involved in working with certain chemicals and the proper precautions to take when using chemicals.

Most chemicals used in food service are not extremely dangerous but it is important to use them properly and follow directions for their use. It is your "Right to Know" what dangers are involved and what precautions to take.

Federal and State Law requires that

--employees be informed about the toxic chemicals with which they work

--employees be provided with a 72 hour response to written requests for information on chemical substances with which they work

--records be kept on employees exposed to certain chemicals

--containers of hazardous chemical be labeled

--records be kept on all hazardous chemicals used in the workplace

What is a Hazard?

A hazardous or toxic chemical is "any chemical substance which can cause acute or chronic injury to the human body, or which is suspected of being able to cause disease or injury, under some conditions".

Health hazards can be of two types. Physical hazards include, fire hazards, explosives and reactive chemicals which undergo chemical changes that produce other hazardous chemicals or heat and high pressure. Chemical hazards include:

-carcinogens (cancer-causing) -highly toxic -toxic

-corrosives -target organ effects -irritants

-reproductive hazards (mutagens & teratogens) -sensitizers

---------------most hazardous------------------

Definition of terms:

carcinogens	- known or suspected cancer-causing substances
corrosives	- cause severe damage to body tissues, e.g. burns, on contact
highly toxic	- extremely poisonous in extremely small doses
irritants	- cause inflammation of the skin or eyes
sensitizers	- cause a substantial proportion of exposed people to develop an allergic reaction over a series of repeated exposures
toxic	- larger doses are required to cause an effect
target organ effects	- The standard gives examples of chemicals that selectively damage the liver, kidneys, nervous system, blood or blood-forming organs, lungs, reproductive system, skin, or eyes.
reproductive hazards	- cause changes (mutations) in the egg or sperm, or they cause damage (teratogenesis) to the fetus

You can request an MSDS using forms provided to your Supervisors.

Key

COMPETENCY CS-D

PHYSICAL PLANT

gloves
rubber boots
goggles
concentrate
ratios
prolonged periods

Fill in the blanks using a word or words found above. Some words are used more than once.

1. Most detergents come as a strong concentrate and must be diluted in order to be used.

2. When using chlorine bleach, gloves, goggles and rubber boots are essential, especially if you'll be at the job for prolonged periods.

3. A general rule is that anything you have to wear gloves for, you also have to wear goggles.

4. The reason for buying a concentrate is that it saves money and space.

5. Most mixtures are determined by water/detergent ratios.

JPP

Key

COMPETENCY CS-D

PHYSICAL PLANT

Read through the "Dilutions and PPE for Cleaning Chemicals" sheet. Note the PPE required while using the product and the dilution ratios.

1. What three different ways can ratios be written?

   1. fraction
   2. colon (:)
   3. separate by "to"

2. What is a percent? "parts of 100" or "for or out of each 100"

   For example: 27% means 27 parts of 100.

3. What would you need if you used...?

   1. Scotty, all purpose cleaner at medium strength.

   PPE: gloves + goggles for concentrate

   Ratio: 4: 8 oz/gallon

   2. Scrub-Free Shower De-limer and De-scaler.

   PPE: gloves + goggles for concentrate

   Ratio: 1 cup/gallon

   3. Damp Mop neutral floor cleaner.

   PPE: none required

   Ratio: 2: 4 oz/mop bucket

   4. Assault Mop on Stripper.

PPE: gloves + goggles

Ratio: 1:3, 1:2, or 1:1 depending on need

5. Dustmop Treatment floor cleaner.

PPE: gloves + goggles

Ratio: 1 oz / 12 inches of dustmop

4. Match column A with the correct phrase in column B.

	A	B
C	1. gloves	A. to make a solution or chemical less dilute and more potent
B	2. required	B. to need; to demand
E	3. goggles	C. a covering for the hand with separate sheaths for the fingers
A	4. concentrate	D. an extended interval of time
F	5. rubber boots	E. large, protective eyeglasses
D	6. prolonged period	F. a piece of footwear made out of an elastic material covering the foot and part or all of the leg

5. Refer to the "Table of Measurement Abbreviations" sheets. Fill in the abbreviations for the following:

ounces	oz	quarts	qt	percent	%
cups	c	gallons	gal	pints	pt
		inches	in or "		

6. A recipe for pancake calls for 1:3 pancake mix to water. However, if Henry likes his pancakes to be thicker, he will use 1:2 pancake mix to water. Explain what this

means? ex: 1:2 compared to 1:3. 1:2 is more than 1:3. To figure this out, first a common denominator. $\frac{3}{6}$ is greater than $\frac{2}{6}$. The greater amount of pancake mix, the thicker the consistency will be

7. A. Cleansers often require dilution. what does it mean to dilute something? to reduce the concentration

Note: Dilution can be adjusted for light, medium, and heavy-duty cleaning.

B. If a carpet requires heavy-duty cleaning, what dilution of "Touch 'N' Go Carpet Shampoo" would be used?

dilute the Touch 'N' Go Carpet Shampoo 1/5 if the carpet requires heavy-duty cleaning

TUTOR TIP

COMPETENCY CS-D

PHYSICAL PLANT

This competency asks the participant to determine the correct dilutions and any needed personal protection equipment (PPE) for cleaning agents.

The first major objective of this competency is for the participant to be able to understand the "Dilutions and PPE for Cleaning Chemicals" sheet. The participant has to know what type of personal protective equipment is used for different situations.

Go through the "Dilutions and PPE for Cleaning Chemicals" sheet together and show the participant what the PPE notation looks like. You could also explain the rationale for using PPE.

It is extremely important to note the colored labels that are affixed to all application bottles. You can ask the participant what they would do if they didn't understand how to read a label or if he/she understands what the label means. Stress to the participant that communication is vital between co-workers and their supervisors.

Another important objective is for the participant to understand how to mix appropriate amounts of chemicals. Explain how to convert ratios into measurements.

For example: The ratio of the lengths of two boards, one 8 ft long and the other 10 ft long, can be written:

1. 8ft/10ft = 8/10 = 4/5
2. 8ft:10ft = 8:10 = 4:5
3. 8ft TO 10ft = 8 TO 10 = 4 TO 5

This ratio means that the smaller board is 4/5 the length of the longer board.

***The answer key has some helpful explanations and should be looked over by the tutor before meeting with the participant.

COMPETENCY CS-D

PHYSICAL PLANT

gloves
rubber boots
goggles
concentrate
ratios
prolonged periods

Fill in the blanks using a word or words found above. Some words are used more than once.

1. Most detergents come as a strong ____________________ and must be diluted in order to be used.

2. When using chlorine bleach, ________________, ______________ and _______________ ______________ are essential, especially if you'll be at the job for ___________________ ___________________.

3. A general rule is that anything you have to wear gloves for, you also have to wear ___________________.

4. The reason for buying a ___________________ is that it saves money and space.

5. Most mixtures are determined by water/detergent ____________.

JPP

COMPETENCY CS-D

PHYSICAL PLANT

Read through the "Dilutions and PPE for Cleaning Chemicals" sheet. Note the PPE required while using the product and the dilution ratios.

1. What three different ways can ratios be written?

   1. ______________________________
   2. ______________________________
   3. ______________________________

2. What is a percent? ______________________________

   ____

   For example: 27% means ______ parts of ______.

3. What would you need if you used...?

   1. Scotty, all purpose cleaner at medium strength.

PPE: ______________________________

Ratio: ______________________________

   2. Scrub-Free Shower De-limer and De-scaler.

PPE: ______________________________

Ratio: ______________________________

   3. Damp Mop neutral floor cleaner.

PPE: ______________________________

Ratio: ______________________________

   4. Assault Mop on Stripper.

PPE: ____

Ratio: ____

5. Dustmop Treatment floor cleaner.

PPE: ____

Ratio: ____

4. Match column A with the correct phrase in column B.

A	B
____1. gloves	A. to make a solution or chemical less dilute and more potent
____2. required	B. to need; to demand
____3. goggles	C. a covering for the hand with separate sheaths for the fingers
____4. concentrate	D. an extended interval of time
____5. rubber boots	E. large, protective eyeglasses
____6. prolonged period	F. a piece of footwear made out of an elastic material covering the foot and part or all of the leg

5. Refer to the "Table of Measurement Abbreviations" sheets. Fill in the abbreviations for the following:

ounces ________ quarts ________ percent ________

cups ________ gallons ________ pints ________

inches ________

6. A recipe for pancake calls for 1:3 pancake mix to water. However, if Henry likes his pancakes to be thicker, he will use 1:2 pancake mix to water. Explain what this

means? ______________________________

____

____

____

____

7. A. Cleansers often require dilution. what does it mean to dilute something? ______________________________

____

Note: Dilution can be adjusted for light, medium, and heavy-duty cleaning.

B. If a carpet requires heavy-duty cleaning, what dilution of "Touch 'N' Go Carpet Shampoo" would be used?

____

____

____

CS-D

DILUTIONS & PPE FOR CLEANING CHEMICALS

A-3 - DISINFECTANT - 2 oz/gal PPE: GLOVES & GOGGLES

LIBERTY 671 - DISINFECTANT - 1 packet/gal for fixture cleaning and walls
2 packets/gal for mopping body contact areas
PPE: NONE REQUIRED

LIBERTY 670 - ALL PURPOSE CLEANER - 1 packet/gal
PPE: NONE REQUIRED

LIBERTY 673 - CHLORINE BLEACH - 1 packet/gal
PPE: GLOVES & GOGGLES FOR CONCENTRATE: RUBBER BOOTS IF STANDING FOR PROLONGED PERIODS

SCOTTY - ALL PURPOSE CLEANER - 8 to 16 oz/gal - heavy cleaning
4 to 8 oz/gal - medium cleaning
2 to 4 oz/gal - light cleaning
PPE: GLOVES/GOGGLES FOR CONCENTRATE

222 - ALL PURPOSE CLEANER/SPOTTER/DEGREASER -
1½ oz/quart as a spotter/degreaser/vandal mark remover
4 oz/gal as a general cleaner
PPE: GLOVES/GOGGLES

SCRUB-FREE - SHOWER DE-SCALER/DE-LIMER - 1 cup/gallon
PPE: GLOVES/GOGGLES FOR CONCENTRATE

SUPER LIME-SOL - DE-SCALER/DE-LIMER - 1:5
PPE: GLOVES/GOGGLES

CCP - CERAMIC/CHROME/PORCELAIN CLEANER - 1:10
PPE: GLOVES/GOGGLES

AF-79 - FIXTURE CLEANER - 50% water/50% product for sinks
full strength for toilet bowls & urinals
PPE: GLOVES/GOGGLES

NEUTRAL FLOOR CLEANERS:

PACKETS - 1 packet/6 gal water - PPE: GLOVES/GOGGLES FOR CONCENTRATE

DAMP MOP - 2-4 oz/mop bucket - PPE: NONE REQUIRED

RINSE FREE - 2-4 oz/mop bucket - PPE: NONE REQUIRED

NUTRA-RINSE - 4 oz/gal - PPE: NONE REQUIRED

SHINE-ALL - 1 cup/3 gal (not generally recommended)
1 oz/gal (recommended dilution for light cleaning)
PPE: NONE REQUIRED

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TOUCH'N'GO CARPET SHAMPOO - spin bonnet only - ½ cup/bucket
PPE: GOGGLES FOR CONCENTRATE

EXTRACTION SHAMPOO - 1 oz/gal - PPE: NONE REQUIRED

ASSAULT - MOP ON STRIPPER - 1:3, may increase 1:2 or 1:1
depending on need
PPE: GLOVES/GOGGLES

HARLEY STRIPPER - 1:20 for normal stripping
1:8 for heavy build-up
PPE: GLOVES/GOGGLES FOR CONCENTRATE

FREEDOM STRIPPER - follow label directions
PPE: GLOVES/GOGGLES

AMMONIA - ½ cup/gallon

DUSTMOP TREATMENT - 1 oz of product/12 inches of dustmop
PPE: GLOVES?GOGGLES

SPRAY BUFF - 60% wax, 30% water, 10% soap
PPE: NONE REQUIRED

Table of Measurement Abbreviations

S. CUSTOMARY SYSTEM

ngth
inches
feet
yards
miles

ea
square inches
square feet

Capacity

oz	ounces
qt	quarts
gal	gallons

Volume

in^3	cubic inches
ft^3	cubic feet

Weight

oz	ounces
lb	pounds

Speed

mph	miles per hour
mi/s	miles per second

ETRIC SYSTEM

ngth
centimeters
meters
kilometers

ea
square centimeters
square meters

Capacity

ml	milliliters
L	liters

Volume

cm^3	cubic centimeters
m^3	cubic meters

Weight

g	grams
kg	kilograms

Speed

km/h	kilometers per hour
m/s	meters per second
km/s	kilometers per second

UNITS OF MEASURE

The most common quantities that we measure are *length*, *weight*, *capacity*, *time*, and *temperature*. For each quantity, various *units of measure* are used. The table lists some units for each quanity. Abbreviations for the units are given in parentheses.

Length	Weight	Capacity	Time	Temperature
inch (in.) foot (ft.) yard (yd.) mile (mi.)	ounce (oz.) pound (lb.) ton (t.)	cup (c.) pint (pt.) quart (qt.) gallon (gal.)	second minute hour day week month year	degrees Fahrenheit (°F) ↑ degree symbol example: 40°F

In working with measures, it is often necessary to *convert* one unit to another. The table shows how to convert units of length.

UNIT	EQUIVALENT			
Le[illegible]	[illegible]hes	Fe[illegible]	[illegible]s	

UNIT	EQUIVALENT					
Weight	**Ounces**	**Pounds**				
1 ton		2,000				
1 pound	16					
Capacity	**Cups**	**Pints**	**Quarts**			
1 gallon	16	8	4			
1 quart	4	2				
1 pint	2					
Time	**Seconds**	**Minutes**	**Hours**	**Days**	**Weeks**	**Months**
1 year				365*	52	12
1 month*				30 or 31*		
1 week			168	7		
1 day		1,440	24			
1 hour	3,600	60				
1 minute	60					

(*February has 28 days; 29 in leap years. Leap years have 366 days.)

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Key

COMPETENCY CS-E

PHYSICAL PLANT

1. What should be written on the cleaning checklist after an area has been cleaned thoroughly?

a check-mark and any notes or comments

2. How many times should the checklist be checked to make sure an area was not overlooked for cleaning?

Twice, double-check [illegible]

3. If any problems should arise with any area on the cleaning checklist, who should be contacted?

the supervisor

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COMPETENCY CS-E

PHYSICAL PLANT

1. What should be written on the cleaning checklist after an area has been cleaned thoroughly?

____

____

____

2. How many times should the checklist be checked to make sure an area was not overlooked for cleaning?

____

____

____

3. If any problems should arise with any area on the cleaning checklist, who should be contacted?

____

____

____

Answer key

ADJECTIVES

Comp. CS-F

C. PROBE YOUR MEMORY

Suppose you want to describe an APPLE. You might start . . .

a red apple

Urged to be more specific, you might add . . .

a round, red apple, tasty, firm, and smelling good

Better, much better, because you have used your various senses to help describe the apple. But a little thought would unearth more specific, more APT adjectives to modify the noun *apple*.

RED (rosy, scarlet, rust-colored, crimson)
ROUND (circular, orb-shaped, oval, rotund, bulbous)
TASTY (sweet, tart, tangy, luscious, mouth-watering)
FIRM (crunchy, crisp, brittle, solid)
SMELLING GOOD (sweet-smelling, pungent, fragrant, scented)

Now it is possible to write a sharper, more vivid description:

a **bulbous crimson** apple, **tart, crunchy,** and **pungent**

or—if you find that a bit heavy, you might compromise . . .

a **round, rosy** apple, **tart** and **crunchy** and **smelling good**

The trick lies in teaching your mind to search your memory for possible alternative adjectives—for *exact* adjectives. Ready to try it on your own?

1. Describe an ORANGE. First, list three adjectives for each category. For guidance, study the adjectives used to describe an apple on the previous page. Or create your own adjectives.

Examples

Color:	orange	bright	florescent
Shape:	round	oval	circular
Taste:	sweet	juicy	delicious
Texture:	rough	porous	hard
Smell:	sweet	fragrant	scented

Now select *one* adjective from each category and describe an ORANGE:

a oval, bright, sweet
hard, fragrant orange

2. Describe a PENCIL.

Examples

Color:	yellow	green	black
Shape:	tubular	long	
Taste:	woody		
Texture:	hard	Sharp	
Smell:	woody		

ADJECTIVES

Adjectives are words that change the meaning of nouns. For example, here are three adjectives that change the noun man:

fat man
thin man
tall man

Fat, thin, and tall are adjectives.

Exercise 1

Fill in the blanks in the following story. Any words that fit are adjectives.

It was a warm day. Martha felt happy even before she got out of bed. Her breakfast coffee was hot, her toast was buttered and her eggs were fried. Work was even more exciting than usual. Her boss was really nice to her. After work she went shopping at the ~~book~~ Clothing store across the street. She bought red shoes and a full-length dress. This made her feel beautiful

Examples

Answer key

1 Competency CS-F
Physical Plant

SPECIFIC NOUNS

LEARN THEM!

A. BECOME AWARE

All right, you gold prospector! You have a burro and a shovel, a sack (to carry your gold nuggets in), and some dried jerky to chew on. You're ready to start mining for gold . . . or rather, for specific nouns.

SPECIFIC: naming a particular person, place, or thing.

Your brain is already loaded with specific nouns. You just forget they're there when you start writing. Let's look at a typical student-written sentence.

For dinner, I had meat, potatoes, and vegetables.

Dull, dull, dull . . .

Meat is too general. **Roast beef** is more specific, so is **chicken.** Think of three more *specific* meats and list them below.

Examples: hamburger, turkey, liver

Potatoes is too general. **French fries** is more specific, so is **potatoes au gratin.** List three more specific kinds of potatoes.

mashed, scalloped, hash browns

Vegetables is too general. **Asparagus** is more specific; so is **zucchini.** List three more specific vegetables.

Green beans, raddish, broccoli

Now rewrite the original sentence substituting specific nouns for general nouns:

For dinner, I had hamburger, hash browns, and Green beans

Isn't that a better, more descriptive sentence than the original one? Of course it is—because it uses *specific nouns*

A noun is a name
Of Anne and Paul,
Of Lucille Ball,
Jack Benny, too.

A noun is a name
Of Boise and Maine,
Of Toledo, Spain,
And Kalamazoo.

A noun is a name
Of house and home,
Of hair and comb,
Of sock and shoe.

A noun is a name.

B. SOME PRACTICE IN "BECOMING AWARE"

Examples:

Back to gold mining. In each of the following sentences, one word is printed in **boldface** (dark type). That word is a general noun. After each sentence, list *three* specific nouns or noun phrases that would improve the writing.

1. Little Amy likes **candy**. (One example: lollipops.)

gum drops, lifesavers, milk duds

2. Before going out into the storm, Melissa put on **warm clothing**. (Example: a fur-lined jacket.)

snow pants, wool scarf, gloves

3. Terry is reading a **book**. (Example: *Star Wars*.)

Jack + Jill, To kill a Mocking Bird, Great Gats

4. Twelve-year-old Benjy is watching a **television program**. (Example: "Little House on the Prairie.")

Happy Days, Saved by the Bell, Growing Pai

5. Jake has the **equipment** he needs to play baseball. (Example: a glove.)

bat, ball, hat

C. MORE PRACTICE IN "BECOMING AWARE"

Now you are asked to dig deeper still for specific nouns.

1. Find specific nouns that name people or things that you hate or fear. (Examples: ghosts—snobs—nightmares.) Find *six* more.

snakes, liars, scary movies,
night, homelessness, mice

2. Find specific nouns that name the kinds of buildings in which people live. (Examples: hut—castle.) Find *six* more.

sky scraper, igloo, townhouse,
apartment, cottage, shack

D. MAKE LISTS

This is a word game you can play to increase your knowledge of specific nouns. Just follow the alphabet and find a specific noun that begins with each letter for each category. To get you started, we've filled in a few squares, starting with *anorak*, a hooded jacket or coat. (Don't expect to fill *every* square! When you have finished, give yourself 2 points for each correct insertion. Then add up your score: 60 points = *good*, 80 points = *superior*, 100 points = *outstanding*.)

	CLOTHING	ANIMALS	TREES	FLOWERS
A	*anorak*	anteater	apple	aster
B	belt	*baboon*	beech	blue bell
C	coat	cat	*chestnut*	calla lily
D	dress	dog	dogwood	*daisy*
E	ear muffs	elephant	elm	
F	flip-flops	frog	fir	flax
G	gloves	goat	gum	geranium
H	hat	horse	hemlock	holly hocks
I	intimate app.	iguana		ivy
J	jacket	jackal	juniper	johnny jump-up
K	kimono	kangaroo	kapok	
L	leggings	lion	linden	lavendar
M	mittens	mule	maple	
N	neck tie	nutria	nutmeg	nasturtium
O	obi	octopus	oak	
P	pants	parrot	peach	poppy
Q	queen size	quail	quince	Queen Anne's Lace
R	robe	rabbit	redwood	rose
S	shirt	shrew		Sea lavendar
T	tie	tiger	tulip poplar	trailing ice plant
U	underwear	unicorn		
V	vest	vole		violet
W	waist coat	whale	walnut	
X				
Y		yak	yew	
Z	zipper	zebra		zinnia

B. SOME PRACTICE IN "BECOMING AWARE"

Examples:

Back to gold mining. In each of the following sentences, one word is printed in **boldface** (dark type). That word is a general noun. After each sentence, list *three* specific nouns or noun phrases that would improve the writing.

1. Little Amy likes **candy**. (One example: lollipops.)

   gum drops, lifesavers, milk duds

2. Before going out into the storm, Melissa put on **warm clothing**. (Example: a fur-lined jacket.)

   snow pants, wool scarf, gloves

3. Terry is reading a **book**. (Example: *Star Wars*.)

   Jack + Jill, To kill a Mocking Bird, Great Gatsby.

4. Twelve-year-old Benjy is watching a **television program**. (Example: "Little House on the Prairie.")

   Happy Days, Saved by the Bell, Growing Pains

5. Jake has the **equipment** he needs to play baseball. (Example: a glove.)

   bat, ball, hat

C. MORE PRACTICE IN "BECOMING AWARE"

Now you are asked to dig deeper still for specific nouns.

1. Find specific nouns that name people or things that you hate or fear. (Examples: ghosts—snobs—nightmares.) Find *six* more.

   snakes, liars, scary movies, night, homelessness, mice

2. Find specific nouns that name the kinds of buildings in which people live. (Examples: hut—castle.) Find *six* more.

   skyscraper, igloo, townhouse, apartment, cottage, shack

D. MAKE LISTS

This is a word game you can play to increase your knowledge of specific nouns. Just follow the alphabet and find a specific noun that begins with each letter for each category. To get you started, we've filled in a few squares, starting with *anorak*, a hooded jacket or coat. (Don't expect to fill *every* square! When you have finished, give yourself 2 points for each correct insertion. Then add up your score: 60 points = *good*, 80 points = *superior*, 100 points = *outstanding*.)

TUTOR TIPS

COMPETENCY CS-F

PHYSICAL PLANT

The main goal is to follow correct procedures when working on weekends.

The first objective to accomplish this goal is that the participant is able to answer verbal questions regarding procedures for working on weekends. Questions to ask the participant should include: Whom do you contact upon arrival to work? What is the order in which the buildings are to be cleaned? What is the sequence in which tasks should be completed? What are the procedures for winter months? Who do you contact if there are any problems? A way to help the participant accomplish this is to have them read the "Weekend Coverage" instruction sheet. To test the participant's understanding of this the tutor can ask him/her questions.

A second objective is that the participant be able to compose a weekend report. The report needs to be concise and written legibly using either manuscript or cursive. Information to be included in the report can be organized by making notes of what is important. The cleaning that was done in each building needs to be described clearly using specific details (i.e. "The floor was covered with food and paper debris and needed to be swept and thoroughly mopped").

not generalizations (i.e. "Everything was a mess."). There are two sample weekend reports included in this folder. The participant can compare both and determine what is correct and incorrect about each. Ask the student what kind of information he/she includes on his/her report.

The third objective is that the participant knows to whom to submit the weekend report.

ADJECTIVES

Competency CS-F
Physical Plant

C. PROBE YOUR MEMORY

Suppose you want to describe an APPLE. You might start . . .

a red apple

Urged to be more specific, you might add . . .

a round, red apple, tasty, firm, and smelling good

Better, much better, because you have used your various senses to help describe the apple. But a little thought would unearth more specific, more APT adjectives to modify the noun *apple*.

RED (rosy, scarlet, rust-colored, crimson)
ROUND (circular, orb-shaped, oval, rotund, bulbous)
TASTY (sweet, tart, tangy, luscious, mouth-watering)
FIRM (crunchy, crisp, brittle, solid)
SMELLING GOOD (sweet-smelling, pungent, fragrant, scented)

Now it is possible to write a sharper, more vivid description:

a **bulbous** crimson apple, **tart**, **crunchy**, and **pungent**

or—if you find that a bit heavy, you might compromise

a **round**, rosy apple, **tart** and crunchy and smelling good

The trick lies in teaching your mind to search your memory for possible alternative adjectives—for *exact* adjectives. Ready to try it on your own?

1. Describe an ORANGE. First, list three adjectives for each category. For guidance, study the adjectives used to describe an apple on the previous page. Or create your own adjectives.

   Color ______ ______ ______

   Shape ______ ______ ______

   Taste ______ ______ ______

   Texture ______ ______ ______

   Smell ______ ______ ______

   Now select *one* adjective from each category and describe an ORANGE.

   ____

   ____

2. Describe a PENCIL.

   Color ______ ______ ______

   Shape ______ ______ ______

   Taste ______ ______ ______

   Texture ______ ______ ______

ADJECTIVES

Adjectives are words that change the meaning of nouns. For example, here are three adjectives that change the noun man:

fat man
thin man
tall man

Fat, thin, and tall are adjectives.

Exercise 1

Fill in the blanks in the following story. Any words that fit are adjectives.

It was a ________ day. Martha felt ________ even before she got out of bed. Her breakfast coffee was ________, her toast was ________, and her eggs were ________. Work was even more ________ than usual. Her boss was really ________ to her. After work she went shopping at the ________ store across the street. She bought ________ shoes and a ________ dress. This made her feel ________.

1

Competency CS-F
Physical Plant

SPECIFIC NOUNS

LEARN THEM!

A. BECOME AWARE

All right, you gold prospector! You have a burro and a shovel, a sack (to carry your gold nuggets in), and some dried jerky to chew on. You're ready to start mining for gold . . . or rather, for specific nouns.

SPECIFIC: naming a particular person, place, or thing.

Your brain is already loaded with specific nouns. You just forget they're there when you start writing. Let's look at a typical student-written sentence.

For dinner, I had meat, potatoes, and vegetables.

Dull, dull, dull . . .

Meat is too general. **Roast beef** is more specific, so is **chicken.** Think of three more *specific* meats and list them below.

____

Potatoes is too general. **French fries** is more specific, so is **potatoes au gratin.** List three more specific kinds of potatoes.

____

Vegetables is too general. **Asparagus** is more specific, so is **zucchini.** List three more specific vegetables.

____

Now rewrite the original sentence substituting specific nouns for general nouns:

For dinner, I had ____________________, ____________________,

and ____________________

Isn't that a better, more descriptive sentence than the original one? Of course it is—because it uses *specific nouns.*

A noun is a name
Of Anne and Paul,
Of Lucille Ball,
Jack Benny, too.

A noun is a name
Of Boise and Maine,
Of Toledo, Spain,
And Kalamazoo.

A noun is a name
Of house and home,
Of hair and comb,
Of sock and shoe.

A noun is a name.

B. SOME PRACTICE IN “BECOMING AWARE”

Back to gold mining. In each of the following sentences, one word is printed in **boldface** (dark type). That word is a general noun. After each sentence, list *three* specific nouns or noun phrases that would improve the writing.

1. Little Amy likes **candy.** (One example: lollipops.)

2. Before going out into the storm, Melissa put on **warm clothing.** (Example: a fur-lined jacket.)

3. Terry is reading a **book.** (Example: *Star Wars.*)

4. Twelve-year-old Benjy is watching a **television program.** (Example: “Little House on the Prairie.”)

5. Jake has the **equipment** he needs to play baseball. (Example: a glove.)

C. MORE PRACTICE IN “BECOMING AWARE”

Now you are asked to dig deeper still for specific nouns.

1. Find specific nouns that name people or things that you hate or fear. (Examples: ghosts—snobs—nightmares.) Find *six* more.

2. Find specific nouns that name the kinds of buildings in which people live. (Examples: hut—castle.) Find *six* more.

D. MAKE LISTS

This is a word game you can play to increase your knowledge of specific nouns. Just follow the alphabet and find a specific noun that begins with each letter for each category. To get you started, we've filled in a few squares, starting with ***anorak***, a hooded jacket or coat. (Don't expect to fill *every* square! When you have finished, give yourself 2 points for each correct insertion. Then add up your score: 60 points = *good*, 80 points = *superior*, 100 points = *outstanding*.)

	CLOTHING	ANIMALS	TREES	FLOWERS
A	*anorak*			
B		*baboon*		
C			*chestnut*	
D				*daisy*
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
U				
V				
W				
X				
Y				
Z				

1

Competency CS-F
Physical Plant

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K				
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M				
N				
O				
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R				
S				
T				
U				
V				
W				
X				
Y				
Z				

1

Competency CS-F
Physical Plant

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   ____

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   ____

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X				
Y				
Z				

Key

COMPETENCY CS-G

PHYSICAL PLANT

Directions: On a separate piece of paper, identify the chemicals, mixtures, and equipment needed for each situation below.

While attempting to make a pancake breakfast one hot day, a student accidently drops a whole pound of soft butter on the suite carpet. Nothing he seems to do is effective in cleaning it up. He finally asks for help from maintenance. When you go up there to clean, you also find a six inch circle of wax droppings in the corner.

See Procedures for Building Cleaning Maintenance manual.

At the end of the year, a student reports that a friend of hers who smokes left a burning cigarette on the bathroom tile vanity and that when it burned down it left a burn mark.

The rug by the vending machine area in Holmes had been saturated sometime during the night by a can of coca cola. Now it is semi-dried and stained.

Thanks to the new asphalt top in the parking lot, the rugs in Gordon-Harmon Hall are full of tar.

Your supervisor asks you to clean the light fixtures in six classrooms in Cooper first thing in the morning. Each classroom has 28 light fixtures in it. He wants to know when you'll be finished.

JPP.

COMPETENCY CS-G
PHYSICAL PLANT
TUTOR TIPS

For this competency, you must have a Procedures for Building Cleaning Maintenance manual.

1.1-1.3 This is a good opportunity for the tutor to see if the client needs to work on Skimming and Scanning (see Skimming and Scanning. 2nd Edition, E.B.Fry.Jamestown Publishers.1989. Providence, Rhode Island).

2. Much of this competency must be worked orally by both tutor and client.

3.-3.1 Tutor should pick a cleaning procedure from the manual and ask the client to put in sequential order according to directions.

4. See scenario worksheets.

5. Again, tutor should pick several cleaning procedures in the manual to demonstrate specialization instruments such as boldface, enlarged print, notes at bottom of page... etc.

If needed, see competency CS-D for more chemical dilutions.

JPP

COMPETENCY CS-G

PHYSICAL PLANT

Directions: On a separate piece of paper, identify the chemicals, mixtures, and equipment needed for each situation below.

While attempting to make a pancake breakfast one hot day, a student accidently drops a whole pound of soft butter on the suite carpet. Nothing he seems to do is effective in cleaning it up. He finally asks for help from maintenance. When you, the maintenance person assigned, arrive at the suite to clean, you also find a six inch circle of wax droppings in the corner.

At the end of the year, a student reports that a friend of hers who smokes, left a burning cigarette on the bathroom tile vanity. When it burned down it left a burn mark.

The rug by the vending machine in Holmes had been saturated sometime during the night by a can of coca cola. Now it is semi-dried and stained.

Thanks to the new asphalt top in the parking lot, the rugs in Gordon-Harmon Hall are full of tar.

Your supervisor asks you to clean the light fixtures in six classrooms in Cooper first thing in the morning. Each classroom has 28 light fixtures in it. He wants to know when you'll be finished.
JPP.

Answer KEY

COMPETENCY CS-H
PHYSICAL PLANT

The following items are needed for the housekeeping supply. Using the Housekeeping Supply List, fill out the Housekeeping Department-Household Supply Request Form provided on the back of this worksheet.

A.	(2)	Vomit Absortbant bags
B.	(1)	Packet Neutralizer
C.	(5)	Cans of Powdered Cleanser
D.	(1)	Aero Can of Graffitti Remover
E.	(1)	Extraction Shampoo
F.	(2)	Harley Titeseal Tile Seal
G.	(8)	Multifold Paper Towels
H.	(3)	Squeegee Refill
I.	(1)	Household Broom: Toro (plastic bristle)
J.	(1)	Household Broom: Jet Set (corn bristle)
K.	(5)	Slab Sponges
L.	(6)	Latex Gloves : size 7

SUNY BROCKPORT
HOUSEKEEPING DEPARTMENT
HOUSEHOLD SUPPLY REQUEST

Deliver to -- Bldg. and Rm. No. Cleaner/or supervisor Date Cleaner's

Catalog No.	No. Req. X	No. Delvd.	X Description
	2	filled by	VOMIT ABSORBANT (1lb BAG)
	~~6~~1	employee	PACKETS NEUTRALIZER
	5		POWERED CLEANER
	1		GRAFFITI REMOVER (AERO CA
	1		EXTRACTION SHAMPOO (1 gal
	2		HARLEY TITESEAL TILE SEAL
	8		MULTIFOLD PAPER TOWELS
	3		SQUEEGEE REFILL
	1		HOUSEHOLD BROOM: TORO
	1		HOUSEHOLD BROOM: JET SET
	5		SLAB SPONGE
	6		LATEX GLOVES

Requested by filled out by emp Approved lead/chief janitor

Date Delvd. N/A Date Recd N/A Checked by N/A

White Copy: Stores Clerk Yellow Copy Supervisor Pink Copy Hskp. Office

BEST COPY AVAILABLE

HOUSEKEEPING SUPPLY LIST
Spring Semester 1993

AIR FRESHENING PRODUCTS:

Vomit Absorbant (1 lb bag)
Bacterial Digestant (qt)

SOAPS AND DETERGENTS:

Disinfectant Detergent (100 pkt can)
Powdered Hand Soap (5lb Box)
Harley Ammoniated Stripper (5 gal)
Johnson Freedom Stripper (5 gal)
Neutral Floor Cleaner (Damp Mop)(5 gal)
Packet Neutralizer (please order in multiples of 6)

CLEANERS AND CLEANSERS:

Powdered Cleanser (can)
Shower Cleaner (2.5 gal ctn)
    (note: this product normally restricted for use in major bathroom cleaning or shower rooms)
Metal Cleaner & Polish (aero can)
Furniture Polish (aero can)
Glass Cleaner (gal)
Ammonia (gal)
Acid-Free Bowl Cleaner (qt)
Graffitti Remover (aero can)
Gum Remover (aero can)
Oven Cleaner (gal)
Lime Solvent (gal)
Hillyard Shine All (gal) [normally restricted to areas with Hillyard floor finishes]
Packet Dry Bleach (pkts)
All-Purpose Liquid Cleaner (gal)

CARPET AND FABRIC CARE:

Bonnet Shampoo (gal)
Extraction Shampoo (gal)
Bacteriostatic Shampoo (gal)

HARD FLOOR CARE:

Harley Durapol Wax (5 gal)
Harley Titeseal Tile Seal (5 gal)
Hillyard Seal 341 (5 gal)
Gym Finish (5 gal)
Wax Base Sweeping Compound (lb)
Hillyard Dustmop Treatment (gal)

PAPER GOODS AND PLASTIC BAGS:

Multifold Paper Towels
Regular Roll Tissue
Jumbo Roll Tissue (1 and 2-Ply)
Small Plastic Bags
Medium Plastic Bags
Large Plastic Bags
Rubbermaid Pitch In Bags
Sanitary Napkin Disposal Bags

TOOL ITEMS:

(note: you must order handles separately if needed)

Putty Knife
Razor Blade Scraper
Single Edge Razor Blades
Long Handle Scraper
Blades for Long Handle Scraper
22oz Spray Bottle without sprayer
Spray Top for bottle

Window Squeegee (16")
Squeegee Refill
Floor Squeegee (24" or 36"

Nylon Bowl Swab

22" Floor Buffer Pads:
  Black Coarse
  Red Fine
  Blue Medium
  White Extra-Fine
20" Hog Hair Burnishing Pad
9" Stripping Pad for mini-buffers
Carpet Spin Bonnet
Buffer Sanding Screen

Wet Mop Head (16oz, 20oz or 24oz)
24oz Synthetic Mop Head (only for seal or wax)
Cotton Spot Mop

6' Threaded Handle
Wood Wet Mop Handle
Dustmop Handle without frame

9", 16" or 30" regular-use Dustmop Head (by frame size)
  (note: 24" size, which was packaged as 30", has been discontinued. 16" size, which is packaged as 23", will be discontinued when present stock is gone.)
Lighthouse Hallway & Gym Dustmop Head (frame-pocket)
  (36" or 60")
36" Seco Dustmop for dorms only

TOOL ITEMS (continued):

- Dustmop Frame without handle;
  - 12" for 16" head
  - 24" for 24" head
  - 16" for 16" head
  - 30" for 30" head
  - (note: There are no heads in stock for the 12" or 24" frame, and only a few heads for 16" frames. They will be discontinued when gone. See above note for Dustmop Heads. Also, there are no frames for the 9" head.)

- Dustmop Frame with handle;
  - (36" or 48", or Seco 36" for dorms only)

- Household Broom;
  - Toro (plastic bristle)
  - Jet Set (corn bristle)
  - Metal-Backed (stiff bassine bristle)
- Horsehair Push Broom (will take threaded handle);
  - (12", 18", 24" or 30")
- Wisk Broom

- Hand Brush;
  - Texas Nylon Scrub
  - Round Window
  - Counter Brush
  - Plastic Handle Scrub (the one with a built-in handle that makes it look a little like a toy steam iron)
- Lambswool Applicator Block (will take threaded handle)
- Lambswool Pad for above block

- Pail (14qt or Mop)
- Mop Wringer
- Dustpan (regular or long-handled)
- Warning Sign;
  - "Wet Floor"
  - "Closed Restroom" (on order)

- Whole Terry Towel (restricted)
- Oversize Washcloth

- Slab Sponge
- Scrubbing Sponge (Y/G or Y/W)
- Steel Wool Pads (pkg of 16)

- Doodlebug Pad;
  - White Fine
  - Brown Coarse
  - Blue Medium
  - Black Extra-Coarse
- Hand Scrub Pad;
  - Soft Scouring
  - General Purpose
  - Pot Scrubber
- 16oz Measuring Cup

- 4' Extended Duster
- 8' Extended Duster
- Replacement Heads for Both Extended Dusters (same head)
- Lambswool Duster

DRY GOODS:

Latex Gloves (Sizes 7, 8, 9 and 10)
Green Posi-Grip Gloves (Sizes 9-9 1/2 or 10-10 1/2)
Disposible Medical Gloves (100/pkg-Sizes 7, 8 and 9)
Disposible Aprons (by the package)
Disposible Boots
Latex Boots
Safety Goggles

Shower Curtain Hooks
Shower Curtains (36x72, 48x78 or 72x72)

Respirator Masks (Dust or Fume & Mist)

CLASSROOM SUPPLIES;

Chalk (white, yellow or blue)
Blackboard Erasers
Wastebaskets (larger containers like 55gal or Slim Jim must
be cleared thru Roger)

MISCELLANEOUS;

Upright Vac Bags (for Kent or Prolux)
Strap Vac Bags (for Mastercraft or Pullman/ Holt)

Band Aids (in 10 or 100-pack) (100 pk only to supv ofc)
Iodine Swabs (10 pk)

COMPETENCY CS-H

PHYSICAL PLANT

The following items are needed for the housekeeping supply. Using the Housekeeping Supply List, fill out the Housekeeping Department-Household Supply Request Form provided on the back of this worksheet.

A. (2) Vomit Absorbant bags

B. (1) Packet Neutralizer

C. (5) Cans of Powdered Cleanser

D. (1) Aero Can of Graffiti Remover

E. (1) Extraction Shampoo

F. (2) Harley Titeseal Tile Seal

G. (8) Multifold Paper Towels

H. (3) Squeegee Refill

I. (1) Household Broom: Toro (plastic bristle)

J. (1) Household Broom: Jet Set (corn bristle)

K. (5) Slab Sponges

L. (6) Latex Gloves : size 7

SUNY BROCKPORT
HOUSEKEEPING DEPARTMENT
HOUSEHOLD SUPPLY REQUEST

Deliver to -- Bldg. and Rm. No. Cleaner for supervisor Date Cleaner's

Catalog No.	No. Req.	X	No. Delvd.	X	Description
			filled by supervisor		

Requested by filled out by supv. Approved head/chief, porter

Date Delvd. n/a Date Recd n/a Checked by n/a

White Copy Stores Clerk Yellow Copy Supervisor Pink Copy Hskp. Office

TUTOR TIP

COMPETENCY CS-I

PHYSICAL PLANT

The understanding of this competency will be enhanced by a discussion between the tutor and the participant, rather than simply using a worksheet. Assess the participant's familiarity with the Product Evaluation form. Ask the participant to explain how to use the form; work him/her through it step by step. Once the participant shows an understanding of the Product Evaluation form, you can ask him/her to fill out a form and either make-up a product or use one they are familiar with. Check to see if the participant puts the information in the correct sections.

Additionally, assess the participant's knowledge of the writing process. When filling out the Product Evaluation form, complete sentences that adhere to the rules of grammar and correct spelling are required. Ask the participant if she/he uses a dictionary when in doubt of a word's spelling--encourage her/him to do so. An abundance of resources are available that focus on: the mechanics of writing, grammar, spelling, and punctuation. Along with this tutor aid is an example of a completed Product Evaluation form. The tutor may want to fill out a form herself/himself, in order to get a firmer grasp on this competency.

JG

PRODUCT EVALUATION

1) Product Name Crazy Carpet

Vendor J. L. Henry

Product Company Name M Hayes Cleaning Supplies, Inc

Product Company Address 111 Main Street, Peoria, IL 14567

2) Date May 29, 1994

Location Where Product Tested Cleaning Lab, Room 16 B, Smith Laboratories South, Chicago, IL 12345

3) Product Evaluation - Compare to similar products Crazy Carpet and Clean Carpet have most of the same chemicals in their solutions. Crazy Carpet can get more stains out of carpets than Clean Carpet can. Also, Crazy Carpet is unscented, unlike Clean Carpet's strong, chemical odor.

4) Things I Didn't Like About Product The wording of the directions on Crazy Carpet's bottle might be confusing to people wr are not used to working with carpet cleaners.

5) Would I Recommend Ordering This Product? If not, why? I recommend this product because of Crazy Carpets ability to get toug stains out of carpets and that it is unscented. Many carpet cleaners are scented and they bother the people working with them. Perhaps we could simplify the directions, type them out, and then tape them to the side of the bottle

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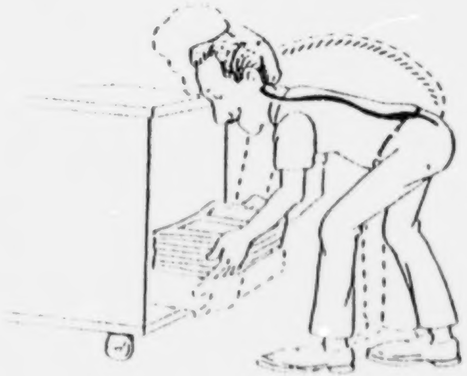
BACK TIPS FOR CAFETERIA, HOUSEKEEPING, LAUND

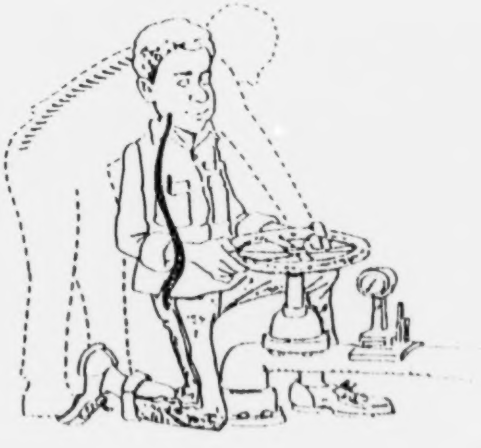
As a member of the cafeteria, housekeeping, laundry, or maintenance staff, you do a variety of jobs that are physically demanding and expose your back to possible injury. Fortunately, since you lift and move objects instead of people, you are freer to watch your own safety and comfort than those who work with

Lifting

Lifting is the most common cause of back injury among health care workers. So always:

- Keep the load close to your body.
- Bend your knees and hips.
- Tighten your abdominal muscles when you lift; they help support your back.
- Lift with your legs and buttocks.
- Maintain your three natural curves.
- Avoid twisting as you lift.





Twisting

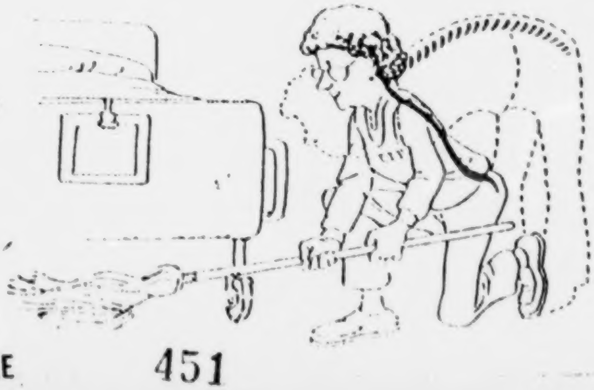
Your work sometimes requires twisting your back, such as when turning a valve. To perform a twisting motion safely:

- Kneel down on one knee.
- Maintain your three natural curves.
- Position yourself so that you have the best possible leverage.
- Use your arms and legs to do the work, not your back.

Bending

Cleaning under beds and other furniture calls for a lot of bending. To perform bends safely:

- Kneel down on one knee.
- Maintain your three natural curves.
- Bend knees and hips, not your back.
- When leaning forward, move your whole body, not just your arms.



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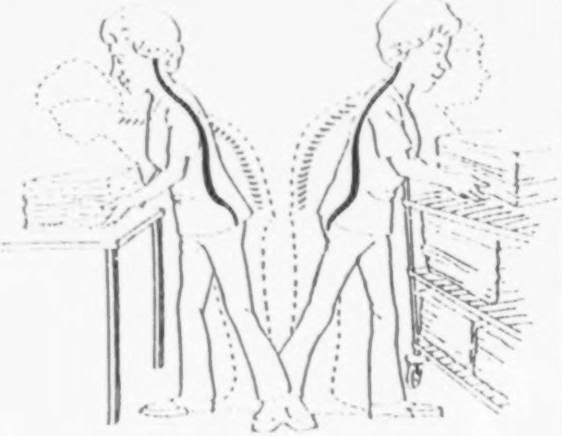
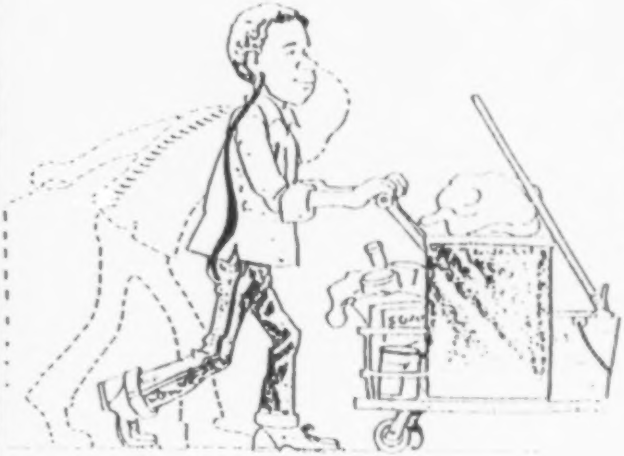
patients. And since you move around a lot, you don't subject your back to the strain of sitting all day. But take care to use good body mechanics, get help with heavy loads, and watch out for slippery surfaces. By making back care a habit, you can keep your back healthy.



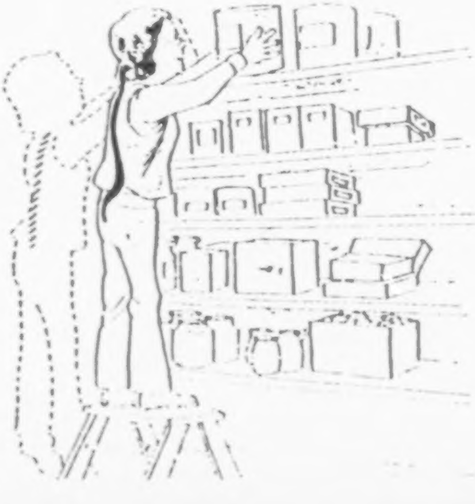
Repetitive Motions

When you use repetitive motions, such as when stacking linens, remember your back is always working. Take care to:
- Keep the loads small.
- Turn your whole body instead of twisting.
- Get close to the load; don't reach and lift.
- Lift with your arms and legs, not your back.
- Tighten your stomach muscles to lift.
- Change positions frequently.



Pushing & Pulling

Pushing and pulling large objects such as trash bins can be as hard on your back as heavy lifting. Remember to:
- Stay close to the load, don't lean forward.
- Whenever possible, push rather than pull (you can push twice as much as you can pull without strain).
- Use both arms.
- Tighten your stomach muscles when pushing.



Reaching

Reaching for supplies, especially in high places, can injure your back if you reach too far or lift too great a weight. Be sure to:
- Reach only as high as is comfortable but don't stretch; use a stool if you need it.
- Test the weight of the load before lifting by pushing up on one corner.
- Let your arms and legs do the work, not your back. Tighten your stomach muscles as you lift.

COMPETENCY GS-A

PHYSICAL PLANT

Use the following words to fill in the blanks:

disconnect
soluble
fumigant
throttle
pesticide
aerosol
herbicide
respirator
vibrates
fungicide
granule
well-ventilated

1. A respirator is a screenlike device worn over the mouth or nose or both to protect the respiratory tract.

2. This area should be well-ventilated so that the air circulates through.

3. Fungicide inhibits or destroys the growth of fungi.

4. A granule is a small grain or pellet; a particle.

5. If something vibrates, it will move back and forth rapidly.

6. A throttle is a valve that regulates the flow of a fluid.

7. A pesticide is a chemical used to kill pests, especially insects.

8. A gaseous suspension of fine solid or liquid particles is an aerosol.

9. To disconnect is to sever or interrupt the connection of or between.

10. A herbicide is a chemical substance used to destroy or inhibit the growth of plants, especially weeds.

11. When something is soluable, it can be dissolved, especially easily.

12. A fumigant is a chemical compound used in a gaseous state as a pesticide or a disinfectant.

COMPETENCY GS-A PP

WORD SEARCH

KRLTUWELRNUGPLTMASKONBATEOLCIDWZYR

AHERBEMCDISCONNECTUSPAQUELTTOKATSU

EMHSOLAPESTRAINETHKLEIONVUTYKLAZXE

RFAIPUCBYKYUNBEDICITSEPLYIORRCDFYB

OUMBVIYEAOHIYBVFYDTHVBNGHJHONEBFGR

FUMUAIRPLRUIGHAITNITWSDKYITMBJSVJS

INENKWOAIRLDACIBREHLITNOHNHUTYKJHI

NGRCSOGITUZAOAXOIDINHUGBGYRJHTUNDE

SRIHUEDOUOLNJRVERIUHNAEROSOLXNA;NT

OANIBOIXYSRLNBLOICIOHGBNGHTKJRYUTJ

LNGSLIAOAKSYVINBYIMLYINLKOTIGMBNTI

VCITEOAHTELNTVIOCGOINHUTGBLUYHACVB

UETUKOBYTTRKLICIONKDIOELKDELKGLIEO

WALYICLAIOEORGRANULETXDOCIELINBKLI

EPEUDYRKUCKLSIOCYFIOCKICYCNMOIUBLE

LRDPRBOCIUCYIOIMNBHFVBCBGHUMIKLIOY

LORLICUBSOLUBLEBMIUBHJIVBFHTYHOPLY

CNAVGIOBNJKLGUTFUJKLYHBJHUKLIUSFGJ

OGPESTNMJKHUYTGJFYURFBRGHJHGYHKIUY

KUIAWLIOUEDETALITNEVLLEWDFAERGHJIL

COMPETENCY GS-A PP

PHYSICAL PLANT

Word Search

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R L T U W E L R N U G P L T M A S K O N B A T E O L C I D W Z Y R
H E R B E M C D I S C O N N E C T U S P A Q U E L T T O K A T S U
M H S O L A P E S T R A I N E T H K L E I O N V U T Y K L A Z X E
F A I P U C B Y K Y U N B E D I C I T S E P L Y I O R R C D F Y B
U M B V I Y E A O H I Y B V F Y D T H V B N G H J H O N E B F G R
U M U A I R P L R U I G H A I T N I T W S D K Y I T M B J S V J S
N E N K W O A I R L D A C I B R E H L I T N O H N H U T Y K J H I
G R C S O G I T U Z A O A X O I D I N H U G B G Y R J H T U N D E
R I H U E D O U O L N J R V E R I U H N A E R O S O L X N A S N T
A N I B O I X Y S R L N B L O I C I O H G B N G H T K J R Y U T J
N G S L I A O A K S Y V I N B Y I M L Y I N L K O T I G M B N T I
C I T E O A H T E L N T V I O C G O I N H U T G B L U Y H A C V B
E T U K O B Y T T R K L I C I O N K D I O E L K D E L K G L I E O
A L Y I C L A I O E O F G R A N U L E T X D O C I E L I N B K L I
P E U D Y R K U C K L S I O C Y F I O C K I C Y C N M O I U B L E
R D P R B O C I U C Y I O I M N B H F V B C B G H U M I K L I O Y
O R L I C U B S O L U B L E B M I U B H J I V B F H T Y H O P L Y
N A V G I O B N J K L G U T F U J K L Y H B J H U K L I U S F G J
G P E S T N M J K H U Y T G J F Y U R F B R G H J H G Y H K I U Y
U I A W L I O U E D E T A L I T N E V L L E W D F A E R G H J I L
S N C K O U E O I U V L D N X M R J H U T H R O W N C M X W E R L
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Word List

Aerosol
Respirator
Throttle

Fungicide
Granule
Vibrates

Soluble
Pesticide
Herbicide

Well-ventilated
Fumigant
Disconnect

COMPETENCY GS-A

PHYSICAL PLANT

Use the following words to fill in the blanks:

disconnect
soluble
fumigant
throttle
pesticide
aerosol
herbicide
respirator
vibrates
fungicide
granule
well-ventilated

1. A ____________________ is a screenlike device worn over the mouth or nose or both to protect the respiratory tract.

2. This area should be ____________________ so that the air circulates through.

3. ____________________ inhibits or destroys the growth of fungi.

4. A ____________________ is a small grain or pellet; a particle.

5. If something ____________________, it will move back and forth rapidly.

6. A ____________________ is a valve that regulates the flow of a fluid.

7. A ____________________ is a chemical used to kill pests, especially insects.

8. A gaseous suspension of fine solid or liquid particles is an____________________.

9. To ____________________ is to sever or interrupt the connection of or between.

10. A ____________________ is a chemical substance used to destroy or inhibit the growth of plants, especially weeds.

11. When something is ____________________, it can be dissolved, especially easily.

12. A ____________________ is a chemical compound used in a gaseous state as a pesticide or a disinfectant.

Grounds

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                    STATE UNIVERSITY OF NEW YORK
DATE:May 17, 1993                                                      PAGE    1
                                  [illegible] LIST

------------------------------------
[illegible] MORV        ,HILLMAN          8
------------------------------------
     \          W.O.#    PRIORITY         OPEN DATE
            5,314          1            11/13/92
DEVICE I.D.
BLDG:TUS            FLOOR:              ROOM:                TAG NO:
FENCE AROUND TENNIS COURTS ON EAST SIDE ARE BLOWN DOWN

----------------------------------------------------------------------------
              773          3            [illegible]
DEVICE I.D.
BLDG:               FLOOR:              ROOM:                TAG NO:
PAINT INSIDE AND OUTSIDE OF BASEBALL DUGOUT [illegible] DARK GREEN

----------------------------------------------------------------------------
               46          3            4/2[illegible]/93
DEVICE I.D.
BLDG:SOX            FLOOR:              ROOM:                TAG NO:
STAIN WOOD SEATS WITH CLEAR [illegible]

----------------------------------------------------------------------------
            8,905          3            4/26/93
DEVICE I.D.
BLDG:               FLOOR:              ROOM:                TAG NO:
REPLACE DAMAGED 30 MPH SIGN ON [illegible] DRIVE

----------------------------------------------------------------------------
            6,839          4            1/06/93
DEVICE I.D.
BLDG:               FLOOR:              ROOM:                TAG NO:
north goalpost off center - straighten out [illegible]

----------------------------------------------------------------------------
            8,885          4            4/16/93
DEVICE I.D.
BLDG:               FLOOR:              ROOM:                TAG NO:
DO WHAT IS NECESSARY TO READY [illegible] AREAS EAST OF STAGE [illegible] FOR [illegible] VOLLEY

BALL TOURNAMENT.  YORK RAKE AND SEED AFTER [illegible].  [illegible] MAY 1ST.
----------------------------------------------------------------------------
            2,676          9            1/23/92
DEVICE I.D.
BLDG:               FLOOR:              ROOM:                TAG NO:
construct 75 waste receptacles and 35 sand urns out of plastic lumber, make

the same as the 2 prototypes
----------------------------------------------------------------------------

                                  NO.WO
                  TOTALS            7
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COMPETENCY GS-B

PHYSICAL PLANT

Directions: Refer to the Work Order Sequence List to answer the following questions.

1. Which job would have first priority?

The fence around the tennis courts on the east side

2. Are jobs given out on a first come, first serve basis?

No

3. What does the open date stand for?

When the work order was generated

4. What does W.O.# mean?

work order number

5. What supplies do you need for W.O.# 2,676?

plastic lumber

COMPETENCY GS-B

PHYSICAL PLANT

Directions: Refer to the Work Order Sequence List to answer the following questions.

1. Which job would have first priority?

2. Are jobs given out on a first come, first serve basis?

3. What does the open date stand for?

4. What does W.O.# mean?

5. What supplies do you need for W.O.# 2,676?